

CLINICAL COMMISSIONING GROUP BOARD

MINUTES OF THE MEETING HELD ON FRIDAY 23 JULY 2021, 9.30 AM, Via MS Teams

Part 1

PRESENT:

Dr D Roper	NHS Hull CCG (Chair)
Dr B Ali	NHS Hull CCG (GP Member)
Dr J Moulton	NHS Hull CCG (GP Member)
Dr V Rawcliffe	NHS Hull CCG (GP Member)
E Daley	NHS Hull (Interim Chief Operating Officer)
E Latimer	NHS Hull CCG (Accountable Officer)
E Sayner	NHS Hull CCG (Chief Finance Officer)
I Goode	NHS Hull CCG (Lay Member - Strategic Change)
J Stamp	NHS Hull CCG (Lay Representative – Patient and Public Involvement and CCG Vice-Chair)
J Weldon	Hull City Council (Director of Public Health and Adults)
K Marshall	NHS Hull CCG (Lay Representative - Audit, Remuneration and Conflict of Interest Matters)
M Whitaker	NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

D Robinson	NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>
M Napier	NHS Hull CCG (Associate Director of Corporate Affairs)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr M Balouch	NHS Hull CCG (GP Member)
S Lee	NHS Hull CCG (Associate Director of Communications and Engagement)
Dr A Oehring	NHS Hull CCG (GP Member)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 28 MAY 2021

The minutes of the CCG Board meeting held on 28 May 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

It was noted that due to a diary error Julia Weldon had not been included in the distribution of Board Meeting invites. The Chair acknowledged and advised this had now been rectified.

Resolved

(a)	CCG Board members approved the minutes of the meeting held on 28 May 2021, subject to the above minor amendments, and these would be signed by the Chair.
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3. **MATTERS ARISING / ACTION LIST FROM THE MINUTES**

The Action List from the meeting held on 28 May 2021 was presented for information, and the following updates were provided:

22.1.21 – 6.2 - Next Steps for Integrated Care System.

The Vice Chair stated that there were three elements around the next steps for Integrated Care Systems (ICS). Firstly, what does the system look like, secondly, Hull as a place and the work that was taking place to develop the place base arrangements, and finally and Board Level Assurance, and oversight of the transition arrangements and what would happen as of 1 April 2022. The Chair voiced that the action would remain on the action list and updates would be provided when required at Development Sessions and future Board Meetings as the development of the ICS was a rapidly changing scenario.

The Accountable Officer stated the role of the Chair of the ICS was in the process of being advertised and this would then be followed by the Accountable Officer and senior executive team roles. The Accountable Officer acknowledged that staff under Board level would transfer into roles. Place arrangements were strong and stable moving forward and that everything that was required to be captured was being done. It was noted all the roles/services being undertaken at present would have a place to go post 31 March 2022.

The Chair advised that pre-31 March 2022 a session would be held to undertake CCG housekeeping. It was noted that as CCG's move towards ICS's Primary Care would have less power than at present due to Council of Members Meetings being revoked. There would be a PCN representative that sits on the ICS Board. The LMC Primary Care Collaborative would be where the Primary Care strength would be. It was acknowledged that PCNs at place need to be provided with a voice.

Resolved

(a)	The Action List from the meeting held on 28 May 2021, and the updates provided, were noted.
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4. **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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5. **GOVERNANCE**

5.1 **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 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.
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.

Resolved

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

There had been no declaration of gifts and hospitality made since the last report to the Board on 28 May 2021.

Resolved

(a)	Board Members noted there had been no declaration of gifts and hospitality since Board on the 28 May 2021.
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5.3 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer gave an update 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 key areas was provided:

The second reading of the Health and Care Bill had now taken place.

Humber Coast and Vale (HCV) Integrated Care System (ICS) staff engagement events had been extremely well attended. All insight gained from the engagement events would be feed into the operating model which was in the process of being defined.

Amanda Pritchard, Chief Operating Officer of NHS England and NHS Improvement (NHSE/I) had undertaken a positive visit to Scunthorpe in the content of the Humber

Acute Services Capital and Estates Programme. The visit was used as an opportunity to highlight work which was occurring at place and innovative primary and secondary care working with Humber. Excellent feedback had been received on the system approach being undertaken.

A meeting had been held with MPs across the ICS. Within the meeting concern was raised around not being able to obtain face to face GP appointments. Work was ongoing with the Primary Care Collaborative in the Humber, the Primary Care Networks (PCNs), and the Local Medical Committee (LMC), to look at how the current workforce issues could be enhanced to develop the future workforce required for the ICSs.

Hull had been chosen as a pilot area for the Social Mobility Levelling Up Agenda. The Chair advised that Hull requires a local settlement as Hull had issues around unemployment, morbidity and mortality.

Hull had become the UK's first CCG of Sanctuary building on Hull's legacy as a City of Sanctuary.

NHS Hull CCG had produced a QR code which could be scanned to provide a direct link to information around services available within the city.

The Director of Public Health and Adults personally thanked the vaccination teams and colleagues in primary care who supported the pop-up vaccination clinics.

Resolved

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.
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5.4 NHS HULL CLINICAL COMMISSIONING BOARD CORPORATE WORKPLAN 2021/22

The Chair presented the NHS Hull CCG Corporate Workplan 2021-22 to be noted.

The Associate Director of Corporate Affairs advised that the workplan looked like previous years although in practice it would operate radically differently as duties would be discharged in a more focused and efficient way.

It was agreed that there would be a standing item called Transition Arrangements added to the Board Agenda.

It was acknowledged that Terms of Reference for any new Committees would need to be brought to a future Board under Transitional Governance for shadow arrangements to be agreed going forward into the final 6 months.

Resolved

(a)	Board Members noted the CCG Corporate Workplan 2021-22.
(b)	Transition Arrangements would be added to the Board Agenda as a standing item.

6. STRATEGY

6.1 HUMBER COAST AND VALE INTEGRATED CARE SYSTEM HUMBER PARTNERSHIP UPDATE

The Accountable Officer gave a verbal update on the Humber Coast and Vale ICS Humber Partnership to be noted.

The Humber Operating Model driven from place and lead by the four Chief Operating Officers had been worked on for the past twelve months. The Operating Model was hoped to be in place by November 2021.

A Health and Care Director would be appointed for each place which would be supported by a Place Lead, these would have a dotted line to the Local Authority (LA) Chief Executive and a Solid Line to Partnership Director of the Humber.

The Clinical Medical Model that supports the Health and Care Director was currently being worked up. It was envisaged that there would be a Medical Director in each place to ensure the knowledge and experience gained in CCG's was not lost and there was local clinical leadership for pathways.

Dr Moulton sought clarification as to when the Medical Director roles would be coming online and the Accountable Officer advised this would be 1 April 2022.

The Accountable Officer advised that there would be a light structure in Humber Partnership with the majority of activities being achieved at place. The Humber Partnership Director Support would come from a Director of Strategy that would look after population health management, assurance, and operational planning. Additional resources would come from the ICS with deputies who would support the Humber. The Humber Partnership Director would be the conduit between the ICS and place.

Sign off would be later in the Autumn in order to be ready for shadow operating to commence in November 2021. Each place would go through a maturity matrix which was being drafted by West Yorkshire ICS alongside a HR framework.

An overview of proposed timescales for activity would be presented to a future Board meeting.

Resolved

(a)	Board Members noted the update.
(b)	An overview of proposed timescales for activity would be presented to a future Board meeting.

6.2 EMERGING INTEGRATED CARE SYSTEM PLACE ARRANGEMENTS

The Interim Chief Operating Officer presented the embedded presentation on the ICS Place arrangements.



ICS Place
Arrangements.pptx

The areas below were highlighted from the presentation.

- ICS Statutory Arrangements
- Place
- ICS Place Base Governance Arrangements
- Place Development Framework Self-assessment
- What's Happening in Hull
- Hull – Place Principles
- Place Governance
- Place Functions
- Moving Forward

The Chair advised that the ICS place arrangements were a work in progress and being developed in the context of the evolving legislation.

The Interim Chief Operating Officer stated the aim was to keep the momentum that had been achieved in Hull and take that forward with new governance within an alternative operating framework.

The Chief Finance Officer advised that discussions were taking place with Hull City Council (HCC) in relation to what the financial flow would be after transition. It was envisaged that as of 1 April 2022 the existing financial flows would continue with minor changes. It was confirmed that through the transition period it was important that everyone was aware of what funding was going where and assurance that funds were directed to the needs of population.

(a)	Board members noted the update.
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7. QUALITY AND PERFORMANCE

7.1 QUALITY AND PERFORMANCE REPORT

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

The Chief Finance Officer advised the regime that was in place 2020/21 second half of year had been rolled over for the first half of 2021/22. It was highlighted that the report showed a deficit for the first 3 months. At this early stage of the financial year the CCG's forecast assumed that expenditure would be in line with the budget, with the exception of expenditure on the Hospital Discharge Scheme and the Elective Recovery Fund. Other variances at month 3 were relatively insignificant and were in areas that were typically variable throughout the year therefore more data was required before an accurate prediction could be made.

It was stated that there were no major issues in terms of delivering against the H1 allocation position. Notification had not been received on what the allocation for H2 would be at present. The notification would be received in September 2021, once received this would create another layer of challenge as NHS Hull CCG would be planning in a period where delivery had already commenced. The Chief Finance Officer had held a call with the Chief Finance Officer NHS England, the expectations from the call was there was likely to be greater requirements for efficiency in the second half of the year. It was noted that there would still be a COVID allocation, and

elective recovery fund arrangement in place, and a settlement was being negotiated with the Treasury around hospital discharge funding continuing until 31 March 2022.

The Lay Representative – (Audit, Remuneration and Conflict of Interest Matters) asked if historic surplus would be a barrier to receiving what was needed in Hull. The Chief Finance Officer stated that there was a large amount of work to be undertaken around historic deficits and surpluses in the context of the imminent changes but does not envisage this to be a barrier.

Resolved

(a)	Board Members considered the contents of the Quality and Performance Report.
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7.2 LEARNING DISABILITY MORTALITY REVIEW LeDeR ANNUAL REPORT 2020/21

The Acting Director Quality and Clinical Governance/Lead Nurse presented a report to note. The report provided NHS Hull CCG Board with the Learning Disabilities Mortality Review (LeDeR) Annual Report for 2020/21 information.

The report had been submitted to the Quality and Performance Committee on 18th June 2021, whereby assurances were confirmed in respect of processes, learning and the priorities for 2021/22.

The report was the third Learning Disabilities Mortality Review (LeDeR) Programme Annual Report from NHS Clinical Commissioning Groups (CCG'S) and the first joint Humber CCG's Annual Report.

The report has been wrote on behalf of the following CCGs:-

- NHS North Lincolnshire Clinical Commissioning Group (NLCCG).
- NHS North East Lincolnshire Clinical Commissioning Group (NELCCG).
- NHS East Riding of Yorkshire Clinical Commissioning Group (ERYCCG).
- NHS Hull Clinical Commissioning Group (Hull CCG).

The report provided details of the themes and trends identified from reviews, good practice, where improvement was required and recommendations for 2021/22.

It was noted that Hull had had one patient who had died within the pandemic with COVID, and a national review had taken place on the case.

The report identified learning areas, area which were being delivered well and areas for improvements. A robust process was in place with the reviewers., Once the review was completed stakeholders would then come together to review the findings and action plans would then be developed and cascaded to providers and assurances sought.

Discussion took place around the most frequent causes of death for individuals with learning disability including Down's Syndrome. Down's Syndrome was not a cause of death this was a condition and a definition of a type of Learning Disability. The Acting Director of Quality and Clinical Governance/Lead Nurse advised that conversations were taking place with coroners in terms of death certificates being clear about the actual cause of death and not as patients dying of a learning disability.

It was noted that there was a national issue around learning disability being recorded as a reason for an individual's death.

The Chair stated there was an issue in LeDeR reviews if the information was not as accurate as it could be. The Acting Director of Quality and Clinical Governance/Lead Nurse advised that the following points discussed would be fed back

- What was the definition of Learning Disability?
- Why do we have LeDeR reviews if having a Learning Disability is a cause of death in its own right.
- There was sometimes a reluctance to undertake a post-mortem to establish the cause of death as this could cause further upset to families and carers.

A Specialist Doctor for Physical and Profound Learning Disabilities had been appointed. It was noted that the Doctor would be on the LeDeR Steering Group and Quality and Assurance Panel.

It was noted that the future LeDeR reports should include more detail around the scrutiny of RESPECT forms and the DNA CPR section.

Resolved

(a)	Board Members noted the contents within the report and the recommendations made within.
(b)	Board Members noted the priorities for 2021/22

8. STANDING REPORTS

8.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 7 MAY 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 7 May 2021.
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8.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 9 APRIL 2021

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 9 April 2021
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8.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 11 MAY 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 11 May 2021.
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8.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 23 APRIL 2021

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 23 April 2021.
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9. GENERAL

9.1 POLICIES

There were no policies assigned to this item.

10. REPORTS FOR INFORMATION ONLY

10.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 7 MAY 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 7 May 2021.
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10.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 9 APRIL 2021

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 9 April 2021
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10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 11 MAY & 26 MAY 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 11 May & 26 May 2021
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10.4 PRIMARY CARE COMMISSIONING COMMITTEE PART 1 APPROVED MINUTES – 23 APRIL 2021

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 23 April 2021.
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10.5 INTEGRATED COMMISSIONING COMMITTEE (COMMITTEES IN COMMON) MINUTES 30 JUNE 2021.

The Chair of the Integrated Commissioning Committee provided the minutes for information.

It was noted that the Deputy of Chair of the CCG (K Marshall) had not been identified. Hull CC would be informed.

Resolved

(a)	Board Members noted the Integrated Commissioning Committee minutes for 30 June 2021.
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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 24 September 2021 at 9.30am

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date:

Abbreviations

ADCA	Associate Director of Corporate Affairs
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
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