

CLINICAL COMMISSIONING GROUP BOARD

**MINUTES OF THE MEETING HELD ON FRIDAY 25 MARCH 2022, 9.30 AM
Via Microsoft Teams**

PART 1

PRESENT:

Dr D Roper	Chair, NHS Hull CCG
Dr B Ali	GP Member, NHS Hull CCG
Dr M Balouch	GP Member, NHS Hull CCG
E Daley	Interim Chief Operating Officer, NHS Hull CCG
I Goode	Lay Member (Strategic Change), NHS Hull CCG
E Latimer	Accountable Officer, NHS Hull CCG
D Lowe	Interim Director of Nursing & Quality, NHS Hull CCG
K Marshall	Lay Representative (Audit, Remuneration & Conflict of Interest Matters), NHS Hull CCG
Dr J Moulton	GP Member, NHS Hull CCG
Dr A Oehring	GP Member, NHS Hull CCG
E Sayner	Chief Finance Officer, NHS Hull CCG
J Stamp	Lay Representative (Patient & Public Involvement) and CCG Vice-Chair, NHS Hull CCG
M Whitaker	Practice Manager Representative, NHS Hull CCG

IN ATTENDANCE:

J Weldon	Director of Public Health, Hull City Council
S Lee	Associate Director of Communications & Engagement, NHS Hull CCG
M Napier	Associate Director of Corporate Affairs, NHS Hull CCG
D Robinson	Personal Assistant (<i>Minute Taker</i>)
E Shakeshaft	Head of Communications, NHS Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:
Dr V Rawcliffe GP Member, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 28 JANUARY 2022

The minutes of the CCG Board meeting held on 28 January 2022 were submitted for approval and agreed as a true and accurate record.

Resolved

(a)	Board Members approved the minutes of the meeting held on 28 January 2022 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 January 2022 was presented for information.

Resolved

(a)	Board Members reviewed the Action List from the meeting held on 28 January 2022.
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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
J Stamp		Declared a General Interest as Senior Responsible Officer for the Voluntary Sector Programme within the ICS. The declaration was noted and no further action was required to be taken.
E Latimer		Declared a professional interest in the ICS director recruitment process. The declaration was noted and no further action was required to be taken.
Dr B Ali		Declared a financial interest as a GP for the Modality PCN whose subsidiary arm, Modality LLP, provide some of the independent sector recovery work at the local Trust. The declaration was noted and no further action was required to be taken owing to the nature of the matter being considered..

Name	Agenda No	Nature of Interest and Action Taken
Dr J Moulton		Declared a financial interest as a GP for the Modality PCN whose subsidiary arm, Modality LLP, provide some of the independent sector recovery work at the local Trust. The declaration was noted and no further action was required to be taken owing to the nature of the matter being considered.
J Stamp		Declared a financial interest in the Community Vaccines Champion project as he was currently in discussions with Hull City Council around how that may be delivered through the Voluntary Sector. The declaration was noted and no further action was required to be taken owing to the nature of the matter being considered.
Dr J Moulton		Declared a financial Interest as a GP for the Modality PCN who had been involved in COVID19 Research and Development projects/programmes. The declaration was noted and no further action was required to be taken owing to the nature of the matter being considered.
Dr A Oehring		Declared a financial Interest as a GP for the Nexus PCN who had been involved in COVID19 Research and Development projects/programmes. The declaration was noted and no further action was required to be taken owing to the nature of the matter being considered.

Resolved

(a)	That the above declarations of interest be noted. .
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5.2 DECLARATIONS OF GIFTS AND HOSPITALITY

There had been no Declarations of Gifts and Hospitality made since the last CCG Board Meeting held on 28 January 2022.

Resolved

(a)	Board Members noted that there had been no Declarations of Gifts and Hospitality made since the last CCG Board Meeting held on 28 January 2022.
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5.3 USE OF THE CORPORATE SEAL

There had been no use of the Corporate Seal since the last CCG Board Meeting held on 28 January 2022.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since the last CCG Board Meeting held on 28 January 2022.
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5.4 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the above report which provided an update on the current corporate risk register.

It was noted that the risk register had been reviewed by each of the NHS Hull CCG Committees and individual Directorates.

The Associate Director of Corporate Affairs advised that at present there were 36 risks on the NHS Hull CCG risk register, of these 21 had a current risk rating of high or extreme. The 21 high or extreme risks had been highlighted within the report for Board consideration.

The following risks were discussed in detail.

Risk 919 – Home care market resilience with Hull which may be unable to deliver services to meet the needs of complex continuing healthcare service users.

Risk 929 - Clinical risk impacting on patient safety and quality - due to capacity and availability of CQC (Care Quality Commission) registered Nursing Care Homes in Hull and the East Riding.

Risk 972 - The current workforce position, across health and social care, in the context of sufficient numbers of / appropriately qualified and experienced staff, was impacting on the quality and safety of service provision. Factors include failure to recruit to vacant posts, general sickness absence, COVID-19 redeployment, cover, and self-isolation periods, generalised staff turnover, and retirement. A sustainable solution was required to continue to deliver quality services safely and effectively, and to protect staff health and wellbeing.

The Interim Director of Nursing & Quality stated that risks 919 and 929 would be added to the daily risk meeting which reviews capacity, discharge and bed availability in homecare and residential nursing homes providing a daily live view. The daily risk meeting enables NHS Hull CCG to have a greater oversight of what capacity was available and where this was located.

The Interim Chief Operating Officer advised that the Community Health Care beds in Hull had increased by 161 beds, due to this there were now 265 Community Health Care bed in Hull. The Chair stated that the significant pressure around looking after patients in their home.

It was noted that at present there was a capacity issue within the Hull residential care market due to residential care beds being used for home care provision. Patients were being discharged into residential community beds due to the market issues not providing home care and visits into the home.

The CQC were stepping up inspections and were working with care homes and quality teams to ensure they were always supported in terms of fundamental standards of care, as during the pandemic the focus had been on infection prevention and control, now the broader focus needed to be on quality to ensure care homes do not go into requires improvement/inadequate measures.

It was noted that to undertake the roles required workforce issues needed to be prioritised not only at system level but also at place level due workforce in residential and home care being unstable.

Dr Moulton asked whether there was an increasing number of patients needing home care. The Interim Chief Operating Officer stated that the care being required was a combination of factors as more complex patients were being discharged from hospital along with a reduction in patients being admitted into hospital. The frailty service “in reach” into care home service provided by the Integrated Care Centre was having a significant impact. One of the consequences of the frailty services was that more complex patients with complex needs were being identified. The complexity of patients being discharged had increased therefore there was a need for an increase in community beds. The workforce issues had been particularly difficult for home care providers, the combination of all of these areas had resulted in the number of patient delays being increased.

The Accountable Officer advised that a meeting had been held across the Humber patch to look at a programme of work for delayed discharge. At the meeting the following 5 key priority areas had been identified:

- Prevention
- Optimisation of community bed-based care
- Workforce development
- Commissioning and provision of health care
- Optimising the access to community rehabilitation

The work agreed would be on a longer-term scale as the identified areas were significant issues and would become larger if not addressed.

It was stated that the Trust had had reduced bed capacity to address infection prevention control issues and create more space on wards.

The Associate Director of Corporate Affairs advised that risk 970 had been discussed at Integrated Audit and Governance Committee and this risk addressed the concern around the loss of capacity with NHS Hull CCG during transition onto the wider system. The risk rating had been increased in the light of the current context.

A new extreme risk had been added with respect to the current commissioned wheelchair service provider. The risk had been rated as extreme as historically patient feedback had been positive however recently this had deteriorated therefore the risk had been rated as extreme in terms of the mitigations and actions taken.

The Vice Chair highlighted the success of the Autism risk, and the positive mitigation within the Risk Report.

Resolved

(a)	Board Members considered noted the updates and commented, where appropriate, on the adequacy of the controls, assurances and mitigations within the corporate risk register.
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5.5 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer presented her update report which provided Members with a summary of key issues and the following areas were highlighted:

System Update

Members were advised that as April 2022 approaches, things were moving at pace with the first meeting of the Humber and North Yorkshire Integrated Care Board meeting in shadow form on 13 April 2022. This would focus on how the Humber and North Yorkshire Integrated Care Board would operate locally and serve communities, ahead of taking on statutory responsibility from 1 July 2022.

Work continues on the recovery of elective services which would continue for some time. There was a newly launched website My Planned Care, a digital platform www.myplannedcare.nhs.uk that provides people with information around current waiting times for a hospital appointment, operation or treatment and access to the latest wait-time information and support. As well as providing people with access to average waits (excluding cancer), it provides supporting information to help them manage their health and wellbeing.

War in Ukraine

The Accountable Officer expressed on behalf of the CCG with the thoughts and best wishes to the medics in Ukraine and the City of Hull were pulling together to support the population of the Ukraine in any way it could.

Internationals Women's Day 2022

The Accountable Officer advised that she was given the opportunity by the BBC on Internationals Women Day to speak about a woman who had inspired her greatly in her life, and on this occasion, she chose Mary Seacole, who was a British Jamaican nurse born in 1805.

Mary provided care to British soldiers in the Crimean War and her famous quote that always 'Unless I'm allowed to tell the story of my life in my own way, I cannot tell it at all' resonated strongly with the Accountable Officer. This had really influenced her own life and career because she was much more than just a positive thinker; she had lots of integrity and passion to do good for other people in the world.

The Accountable Officer stated that she had learned to be authentic and to express her views, however they may be received.

Our Best Years – New Older Peoples Project

In March a new partnership programme in with Hull KR Foundation, Hull FC Foundation, Age UK and Pickering and Ferens Homes had been launched aiming to bring older people in Hull together for a mixture of social and physical activities. The launch event had been a huge success.

Retirement of Dr Dan Roper – Clinical Chair

The Accountable Officer advised with great regret that the CCG Chair, Dr Dan Roper, would be saying farewell and retiring from the CCG at the end of March 2022. Dan had been with NHS Hull CCG throughout its whole journey. He had been a huge champion for Hull, for the CCG as well as a well-respected and admired local GP. Dan had huge intellect and had put his heart and soul into serving the people of Hull – firstly as a doctor and then doing all he could to bring about better, more positive life experiences for local people.

Dan had led some very challenging agendas for the CCG over the last eight years which included the transformation of GP services in the city, establishing the first CCG of Sanctuary and having a pivotal role in the Hull and East Riding response to the COVID-19 pandemic, acting as the strategic clinical leader for primary care.

He was incredibly well regarded, and as a CCG we feel very privileged to have had him as our Chair and to have worked alongside him. He gave us an extra year to see the transition through and support the recovery of services and we were truly grateful for that.

It had been agreed the interim arrangements for the CCG Board following consultation with the Council of Members the Vice Chair Jason Stamp will Chair the May 2022 CCG Board and provide ad hoc Vice-Chair support for other business of the CCG as necessary.

See embedded document below for further detail:



Item 5.5
Accountable Officer

Resolved

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.
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5.6 ANNUAL EQUALITY INFORMATION REPORT 2021 – 22

The Associate Director of Communications and Engagement presented the above report for approval. The report provided information about the CCG's statutory responsibilities in respect of Equality, Diversity and Inclusion and gave an overview of the CCGs progress against its Equality Diversity and Inclusion objectives.

Members were advised that the report was to demonstrate how NHS Hull CCG was meeting the public sector equality duty and NHS England equality standards.

NHS Hull CCG legal context and equality duties were set out under the Equality Act 2010 which included the Public Sector General Equality Duty.

The CCG were required to publish information demonstrating how it complied with its equality duties (The Annual Equality Information report) before 30th March 2022.

The equality delivery system (EDS) was the NHS framework through which objectives were agreed and delivered. The Framework was designed on 4 key performance areas

- Better Health Outcome for All
- Improve Patient Access and Experience
- Empowered, Engagement Well Supported Staff
- Inclusive Leadership at all levels

Members were advised that the new Equality Delivery System 3 was expected to be launched nationally later in 2022.

The following key elements from the embedded report were brought to Members attention;

- Workforce risk quality standards
- Workforce disability standards
- Accessible Information Standards
- NHS Hull CCG hold an EDI Steering Group
- Community Engagement information resources to support equality impact assessments.
- Health Inequalities (programmes of work stated)
- COVID vaccination Programme.
- Community Champions
- EDI Engagement and Communication objectives
- Digital Support

The Associate Director for Corporate Affairs advised that a large amount of consolidation work had taken place around strategic oversight and governance.

It was noted that the delivery models for equality and diversity within the Integrated Care Board (ICB) were currently being established. The Place delivery model would be included in the ICB equality and diversity model.

In terms of communication the public sector accessibility regulations were being achieved and NHS Hull CCG website was compliant.

Equality Impact Assessments were now completed in the early planning of projects and had become embedded in the commissioning cycle.

Detailed work continues with Primary Care around EDI ensuring there was the correct level of knowledge to complete this within general practice. Workshops had been developed alongside PCN directors to assist with the completion of EDI's.

Contracting and Procurement had encompassed challenges in terms of contracting to fully achieve the planned objectives due to capacity, but assurance had been received from providers that workforce risk equality standard submissions had been achieved. The workforce risk equality standards would be embedded within the annual contract refresh.

The NHS Hull CCG HR Team had reviewed a number of policies, recruitment processes, along with delivering training and with introducing wellbeing initiatives. The HR team had undertaken some, specific training around embedding the principles of EDI in recruitment processes.

The priorities for the CCG for 2022/23 after the Equality Delivery System 3 guidance had been received and reviewed would be to strengthen EDI links with;

- Primary Care Networks
- The newly forming Integrated Care System
- Provider Collaboratives
- Local Authority

In addition, the CCG would also maintaining links with community groups to ensure that place operating plans have a strong emphasis on reducing health inequalities for the population of Hull.

The Lay Representative Patient & Public Involvement and CCG Vice-Chair stated that the CCG's approach to equality and diversity was to be creative and consider how equality was integrated into the core work of the organisation.

He also stated that the Annual Equality Information Report was a framework for the work at Place. The report was a legacy document which goes above and beyond the national reporting requirement.

The Associate Director of Corporate Affairs stated that the equality agenda within the CCG was a living and breathing agenda for all employees. It was noted that it would be a travesty if Place does not continue to build on the foundations created.

The Chair stated that the ICB as an employer of more than 150 employees would also need to declare gender pay gap information.

It was acknowledged that the ICB would be required to develop its own website as at present there at 6 CCGs with different websites. It was stated that further guidance was awaited however there were a number of items that was required to be published by law. A Place partnership website was being investigated to maintain the local presence known to the population of Hull. It was agreed that if Place partnership website went ahead then analytics would be reviewed and regular sites, would receive additional focus.

Resolved

(a)	Board Members approved the contents of the Annual Equality Information Report 2021 – 22.
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5.7 BOARD ASSURANCE FRAMEWORK 2021/22

The Associate Director of Corporate Affairs provided the above report for approval which presented the current board assurance framework (BAF)

Members were advised that a Board Development workshop had taken place to discuss the approach of NHS Hull CCG for the first quarter of 2022/23. It was noted that work would continue to refine the existing strategic objectives and would translate into the new rated risks for the transition period.

The final Board Assurance Framework comprised a total of 12 risks to the 9 strategic objectives of the CC for 2021/22.

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

Risk Category	Number of risks
Extreme	4
High	8
Moderate	0

All risks have maintained their initial risk rating.

It was noted that the Integrated Audit and Governance Committee (IAGC) thoroughly scrutinise updates at each meeting.

The Associate Director of Corporate Affairs highlighted strategic objective 7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement. It was stated that the rating remains at 20 which was the second highest rating the CCG could record. Significant progress had taken place within children services objective and a refresh of the risk rating should take place.

The Interim Chief Operating Officer advised that a large amount of positive feedback had been received on the current children services plan. It was therefore agreed to refresh the risk and ask for approval from IAGC to reduce the risk rating.

Members were advised that the BAF was driven by the organisational strategic objectives, therefore as a new organisation a consultation on a subsequent process for the Integrated Care Board (ICB) was required to establish its own key risks to the achievement of the ICB/Integrated Care Service (ICS) strategic objectives.

It was stated that protocol needed to be established around the legacy process that would articulate the underlying local risks that would transition to the ICB as the successor body to the CCG.

It was acknowledged conversation would take place between the incumbent audit chair and the existing audit chairs across local CCGs.

(a)	Board Members approved the BAF provided and commented as appropriate.
(b)	Board Members requested Objective 7 be refreshed and taken to Integrated Audit and Governance Committee for approval.
(c)	Board Members be informed of the outcome to reduce the risk rating for the children services plan.

6. QUALITY AND PERFORMANCE

6.1 QUALITY AND PERFORMANCE REPORT (INCLUDING CONTRACTS, FINANCE AND PERFORMANCE – PART 1

The Chief Finance Officer presented the above report which provided a summary of overall CCG performance and financial position.

The report was taken as read. The Chief Finance Officer advised members that NHS Hull CCG were on track to deliver their Statutory Financial Duties. It was anticipated that a clean external review process would be delivered. Conversations had taken place with the external audit team; it was not anticipated there would be any major challenges to the Statutory Financial Duties.

Members were advised that it had been a challenging year from a financial perspective as NHS Hull CCG had been the host organisation for most of the system-based resources.

The statement of financial position was brought to Member's attention as the CCG had been placed under scrutiny from NHS England as Independent Sector costs had

become higher than they would have done in previous times. It was noted that there had been intense scrutiny on organisations balance sheets to ensure money had been deployed appropriately.

The CCG was currently forecasting to achieve a surplus of £13.301k against the annual allocation of £722,712k. This includes the historic surplus of £15.402k therefore the in-year position was forecast to be a deficit of £2.031k which was on account of the hospital discharge programme along with some small allocation adjustments.

The Chief Finance Officer stated that it was incredibly challenging as there has been a shift to how finances operated pre-covid which would cause a significant number of challenges negotiating the financial plan for 2022/23.

In relation to performance, there were challenges with respect to elective care treatment. It was acknowledged that the local system was coming under intense national scrutiny as to what was taking place to mitigate this. The biggest challenge that faces the system was clinical and patient safety whilst waiting for elective care.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) stated that the CCG had an excellent finance team who were working extremely hard to support wider parts of the system due to workforce issues. It was noted that a myriad of demands were being placed on a small team as closing down an old year, safely transitioning into the new arrangements whilst managing a larger budget along with the complexities of the financial plan was incredibly demanding, along with the insurmountable amount of mutual aid that was being requested.

The Chair acknowledged that the way the CCG had stepped up to support neighbouring CCG's whether it be finance, corporate governance or Accountable Officer duties was significant and not been done without intellectual and psychological impact to employees.

The Lay Representative (Patient & Public Involvement) and CCG Vice-Chair stated that he hoped the Integrated Care System (ICS) would provide the opportunity to develop system-based solutions to system difficulties.

Resolved

(a)	Board Members noted the content of the Quality and Performance Report Part 1 and the update provided by the Chief Finance Officer.
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7. STRATEGY

7.1 HUMBER, COAST AND VALE INTEGRATED CARE SYSTEM (ICS) HUMBER PARTNERSHIP UPDATE

The Accountable Officer provided a verbal update on process.

Members were advised that the full Executive Team had been appointed in designate form for the Integrated Care Board (ICB) and would move into post through the summer period.

Stage two of the Integrated Care Board (ICB) recruitment had commenced for the Place Director roles. It was noted that North East Lincolnshire and North Lincolnshire

Place Director roles had been appointed to. The remaining Place Directors roles would be advertised imminently. The Accountable Officer advised that the Strategic Partnership Director role was still vacant as the role at present was being covered on an interim basis.

Detailed work was taking place around due diligence.

Discussions were underway around delegation from the ICB and what would be allocated to Place in year one, how Place would operate and how provider collaboratives would work. It was noted that it was essential that the ICB facilitated the local conditions to enable the continued integration of care.

The Designate Chief Executive for Humber, Coast and Vale ICB was meeting with leaders of Hull City Council to better understand the work that was taking place presently.

Humber Coast and Vale would be changing name on 1st April 2022 to Humber and North Yorkshire Health and Care Partnership.

Work was ongoing to determine ICB executive director portfolios. It was acknowledged that work was required to simplify the process and advise when the operating model and business would commence to ensure projects were being moved forward for the population of Hull Place in terms of levelling up.

The Chair provided clarity on what the clinical leadership arrangements would be at Place and ICB level from July 2022. A bid would be submitted to the transition team stating that the clinical leadership team had identified an amount of money to support clinical leadership until the commencement of the ICB in July 2022.

Resolved

(a)	Board Members noted the update provided on the Humber, Coast and Vale ICS Humber Partnership.
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7.2 CCG TRANSITION ARRANGEMENTS UPDATE

7.2A DUE DILIGENCE AND TRANSITION

The Associate Director of Corporate Affairs provided a verbal update on due diligence and transition.

In relation to the establishment of the Integrated Care Board (ICB) each CCG was required to complete a due diligence process whereby a comprehensive set of documentation was completed to ensure a safe and effective transfer of functions, assets and staff to the organisation that was being established at the end of the CCG.

As an organisation NHS Hull CCG had established task and finish group comprising the relevant service leads of the domains.

It was noted that the nature of some of the information required remained live until the formal abolition of the CCG and so there remained a residual risk until such time as it is possible to complete the due diligence actions.

The following key dates were shared for information:

15th April 2022 – 1st checkpoint submission, the ICB would expect NHS Hull CCG to have an initial indication of assets.

1st June 2022 – Formal final submission which the Accountable Officer would sign off and submit the due diligence document to the ICB Chief Executive.

At this stage the assessments were on track apart from records management. The Associate Director of Corporate Affairs highlighted the particular pressure the Finance Team were under as 50% of the domains to be completed were finance related.

Several of the domains were adopting a collaborative approach so the data that underpins the work was completed on a 6 CCG basis. It was reflected that a number of the data areas were led by NHS Hull CCG due to the skill, knowledge and expertise that it has.

Members were advised that the Due Diligence and Transition work was on trajectory and the plans were in progress.

Resolved

(a)	Board Members noted the update provided.
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7.2B HULL PLACE COMMITTEE UPDATE

The Interim Chief Operating Officer gave a presentation on the Hull Place Committee. The presentation highlighted the work that had happened to date and the plans moving forward around the development of a Hull Place Health and Care Partnership, how the system was changing and how the Partnership would work in an alternate way.

The following areas were highlighted in the presentation:

- Proposed Governance for the ICS
- Health and Care Partnership – Key Functions
- Establishing a Health & Care Partnership Proposed arrangements
- A Health and Care Partnership in Hull – Our Health and Wellbeing Strategy
- Developing a local Health and Care Partnership (work happened to date and work needed)
- Value and Behaviours
- Integrated Delivery – we agreed to develop an integrated approach to care at home
- Focus for Integrated Delivery Building on what was already working well
- Principles and common themes
- Emerging Health and Care priorities
- Next steps for the Partnership

See embedded presentation below for further detail:



Place Update Hull
CCG March 22.pptx

The Lay Representative Audit, Remuneration & Conflict of Interest Matters queried whether there had been any indication and what type of financial delegation would be undertaken to the Place Health and Care Committee. The Interim Chief Operating Officer advised that no communication had been received as yet.

The Lay Representative Patient & Public Involvement) and CCG Vice-Chair asked if the mandate from the Integrated Care Board (ICB) indicated what place would look like, as at present the permissions for place had not been received. It was noted that the functions would vary for each Place as they would need to be localised.

The Interim Chief Operating Officer advised Members that the priorities were to provide synergy across the partnership and identify areas where the majority of partners felt pressure. The Accountable Officer stated that Place needed to continue to focus on what priorities need to be achieved and that Hull Place does not lose out as a result of changes.

It was noted that the whole reform was about system integration and it was acknowledged that if the reform was just focussed on health then true integration would not be achieved. Whilst there was a national mandate around elective recovery concern was raised around the patients who were not on a waiting list and the focus needed to be directed to these.

Resolved

(a) Board Members noted the update provided.

7.2C INTERIM CCG BOARD/SHADOW ICB ARRANGEMENTS

The Chair presented the above report to note the outcome of the Council of Members consideration of the CCG Board/shadow ICB interim arrangements from April to June 2022.

Members were advised that a range of options had been developed for the interim NHS Hull CCG Board/Shadow ICB arrangements after which a paper had been received from the integrated Care Board (ICB) which included information around planning policies, close-down issues, developing Place arrangements, service safety issues and governance.

The Chair stated that the governance paper had been considered at the March 2022 Board Development session, looking at the way decisions were made moving forward at the CCG. It was agreed that a recommended course of action be submitted to the Council of Members for approval.

It was noted that the options were presented at the March 2022 Council of Members Meeting and although the meeting was not quorate no objections were made. The CoM Chair subsequently wrote to all CoM members affording a further opportunity for comments. No responses were received therefore the CCG's preferred option for the Vice-Chair (Jason Stamp) to lead the Board for the remaining Board meetings and provide further support, as necessary, outside of the meetings with respect to the governance elements of the CCG Chair's duties (as set out in the CCG Constitution) were approved.

The Associate Director of Corporate Affairs stated that it was critical that the additional 3 months that the CCG was running be used to continue to build on the clinical leadership model for Place and see how it fits in with the wider development of Place.

It was agreed that the Chair would advise the ICB of the CCG Board operating arrangements for the 3-month extension period.

Resolved:

(a)	Board members noted the agreed operating arrangements between the CCG And the shadow ICB from April to June 2022.
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8. REPORTS FOR INFORMATION ONLY

8.1 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT AND APPROVED MINUTES FROM 11 JANUARY 2022

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

Resolved

(a)	Board Members noted the Integrated Audit & Governance Committee Chair's Assurance Report and approved minutes from the meeting held on 11 January 2022.
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8.2 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORTS AND APPROVED MINUTES FROM 7 JANUARY 2022 AND 4 FEBRUARY 2022

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports and approved minutes from the meetings held on 7 January 2022 and 4 February 2022.
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8.3 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES 17 DECEMBER 2021

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report and approved minutes from the meeting held on 17 December 2022.
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8.4 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES FROM 10 DECEMBER 2021

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report and approved minutes from the meeting held on 10 December 2021.
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- 8.5 COMMITTEES IN COMMON APPROVED MINUTES FROM 22 DECEMBER 2021**
Hull CCG's Interim Chief Operating Officer provided the above approved minutes for information.

Resolved

(a)	Board Members noted the Committees In Common approved minutes from the meeting held on 22 December 2021.
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9. POLICIES

There were no Policies received.

10. ANY OTHER BUSINESS

There were no items of Any Other Business received.

11. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 27 May 2022 at 9.30 am

Signed:

Jason Stamp
Vice-Chair of NHS Hull Clinical Commissioning Group

Date:

Abbreviations

ADCA	Associate Director of Corporate Affairs
A&E	Accident & Emergency
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
C diff	Clostridium Difficile
CLES	Centre for Local Economic Strategies
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
DOIC	Director of Integrated Commissioning
ED	Emergency Department
E.coli BSI	Escherichia coli Blood Stream Infections
EIA	Equality Impact Assessment
ENT	Ear, Nose and Throat
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
HWB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
ICB	Integrated Care Board
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
JHWS	Joint Health and Wellbeing Strategy
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 Sub-Committee
PHE	Public Health England
Q&PC	Quality & Performance Committee
QIPP	Quality, Innovation, Productivity and Prevention
QDG	Quality Delivery Group
QRP	Quality Risk Profile
SI	Serious Incident
SLT	Senior Leadership Team

Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership

DRAFT