Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item 2

CLINICAL COMMISSIONING GROUP BOARD

MINUTES OF THE MEETING HELD ON FRIDAY 28 JANUARY 2020, 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
K Marshall	Lay Representative (Audit, Remuneration & Conflict of Interest Matters), NHS Hull CCG
Dr J Moult	GP Member, NHS Hull CCG
Dr A Oehring	GP Member, NHS Hull CCG
Dr V Rawcliffe	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:	
P Davis	Strategic Lead – Primary Care *(for item 6.3)*
T Fielding	Assistant Director Health and Wellbeing/Deputy DPH, Hull City Council
P Heaford	Personal Assistant *(Minute Taker)*
S Lee	Associate Director of Communications & Engagement, NHS Hull CCG
M Napier	Associate Director of Corporate Affairs, NHS Hull CCG
A Patey	Public Health Consultant, Hull City Council *(for item 7.4)*
E Shakeshaft	Head of Communications, NHS Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

D Lowe	Interim Director of Nursing & Quality, NHS Hull CCG
M Littlewood	Interim Deputy Director of Nursing & Quality, NHS Hull CCG
J Weldon	Director of Public Health, Hull City Council

2. MINUTES OF THE PREVIOUS MEETING HELD ON 26 NOVEMBER 2021

The minutes of the CCG Board meeting held on 26 November 2021 were submitted for approval and agreed as a true and accurate record, subject to the following minor amendments:

Page 6 – 1st line of 3rd paragraph should read “Waiting time and **elective** performance…..”

Page 7 – Item 6.4, 3rd paragraph – ECPs (Emergency Care Practitioners) should read **ACPs (Advanced Care Practitioners)**

Page 9 – 1st line of 2nd paragraph should read “this would sit with the **Senior** Nurse…”

Page 13 - Item 9.1, 1st line of 2nd paragraph should read “…and East Riding **CCGs’**…”

Resolved

(a)	Board Members approved the minutes of the meeting held on 26 November 2021 and, subject to the above minor amendments, these would be signed by the Chair.

3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The action list from the meeting held on 26 November 2021 was presented for information and the following update was provided:

26/11/2021 – Item 5.4 – the PTL session had now been planned for March 2022.

Resolved

(a)	Board Members reviewed the Action List from the meeting held on 26 November 2021 which would be updated as above.

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	5.4	Declared a direct interest in the ICS director recruitment process. The declaration was noted and no further action was required to be taken.
Dr B Ali	6.1	Declared an 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.
Dr J Moult	6.1	Declared an 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.
J Stamp	6.2	Declared an 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.
Dr J Moult	6.3	Declared a Professional 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.
Dr A Oehring	6.3	Declared a Professional 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.

Resolved

(a)	The above declarations of interest were noted and no further action was required to be taken.

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 26 November 2021.

Resolved

(a)	Board Members noted that there had been no Declarations of Gifts and Hospitality made since the last CCG Board Meeting held on 26 November 2021.

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5.3 USE OF THE CORPORATE SEAL

There has been no use of the Corporate Seal since the last CCG Board Meeting held on 26 November 2021.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since the last CCG Board Meeting held on 26 November 2021.

E Latimer, Accountable Officer, joined the meeting

5.4 ACCOUNTABLE OFFICER'S UPDATE REPORT

Emma Latimer declared a direct interest in the ICS director recruitment process which was currently taking place.

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

Next Steps for Integrated Care Systems

Members were advised that following the delay of the implementation of the Health and Social Care Act for a further three months, Stephen Eames - Designate ICS Chief Executive was keen to continue with the development plans in place for the ICS although it would not be a statutory organisation and the interim governance arrangements of this were currently being worked through.

The ICS was now starting phase two of its consultation around director level recruitment.

Winter and service recovery

Domiciliary care issues across the country continued to have an impact and there had been a concerted effort to increase the number of discharges in order to ringfence beds in Castle Hill Hospital to increase operation slots for patients. This work had resulted in 90 beds having been cleared. This was down to system partners working together and has involved pulling together social care teams and community services to try and work through this. Andrew Burnell, Chief Executive of City Health Care Partnership CiC is now the Executive Lead for Hospital Discharge.

There was a need to have a sustainable model of health and care and one of the roles for the ICS and Place moving forward would be to truly have health and care integrated at the point of delivery and to support and enable providers to drive value to get the best out of our staff and to have much more parity around health and social care.

Lung Health Checks

This programme was now back on track and was a vital cancer screening programme particularly targeted towards the areas with higher levels of deprivation to help early detection, prevention and access to treatment.

NHSE visit to the Integrated Care Centre (ICS)

Dr Tim Ferris, NHSE National Director for Transformation, would be visiting the ICS and would be coming to Hull to visit the Jean Bishop Integrated Care Centre.

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See embedded document below for further detail:

Item 5.4
Accountable Officer

The Accountable Officer wished to express her thanks to everyone around the table and at the CCG for their continued support in the current uncertain times to make sure the patients get the care they need

Resolved

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.

6. QUALITY AND PERFORMANCE

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

Dr Bushra and Dr Moult both declared an interest in this item as GPs for the Modality PCN whose subsidiary arm, Modality LLP, provide some of the independent sector recovery work at the local Trust.

The Chief Finance Officer presented the above report which provided a summary of overall CCG Performance and financial position under the current temporary financial regime

The report was taken as read and members were advised that this was a fairly stable part of the financial year in terms of the performance and in the context of the allocation for H2 that the CCG had received and there was confidence around delivery of financial targets as we moved towards the year-end. Most of our expenditure had been locked down into contracts and was flowing into providers as previously reported and no major challenges were anticipated in this regard as we moved forward.

In relation to financial planning for 2022/23, guidance had been sent through from the national team around what the plans for 2022/23 would look like, including allocation of resource which previously had gone through the 6 CCGs. The allocation for the ICB was just over £3.2bn and arrangements for co-ordinating everyone had commenced to put together a full year plan for the ICB which was built up from the 6 Places as the ICB in its totality did not exist either statutorily yet, or in terms of a co-ordination role. The allocation this time was coming in as one, rather than two as it had done for H1 and H2 of 2021/22. There was likely to be a significantly greater efficiency ask built within the allocation. It was taking some time to work out what this would amount to across the ICB as, in addition to the recurrent allocation, there were lots of different pots of money that we had been notified of, such as service development funds for mental health, cancer, primary care, IT etc; elective recovery fund flowing into the ICB in total as well as Covid allocation. It was anticipated that there would be financial challenge when this had all been worked through and it would need to be understood what this would look like at organisational level,

In terms of the impact of the three-month delay, this provided a level of complication which would mean producing two sets of accounts and disaggregating the financial

landscape in the financial year that is affected and this was not without challenge, particularly when taking into account the limited resource and capacity available.

In terms of the handling of the three-month period, the Chief Finance Officer reported that she was hoping to keep this as simple as possible and felt that, in conjunction with our external auditors, we would need to be as pragmatic as we could be, sharing good practice across the CCGs that we work closely with and doing things once wherever possible. Expenditure incurred in the three-month period would be offset by the receipt of an allocation which would balance off the income and expenditure for that three-month period. The residual allocation for the remaining nine months would then fall into the ICB. Open dialogue would need to be maintained with our external auditors, this was currently happening through the National Audit Office and Mazars, who are our external auditors, and are in discussion with the national team in that regard.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters), in her capacity as IAGC Chair, advised that she fully supported working collaboratively across Hull, East Riding and North Lincolnshire CCGs wherever possible and advised that our external auditors were also happy for a pragmatic approach to close-down to be taken.

The Chief Finance Officer advised that, in terms of the audit, they had said that they were not going to audit the accounts at the three months juncture, but they would plan to audit the full financial year at the end of 2022/23. Concern was expressed that there were some implications of doing this, i.e., loss of organisational memory and ability to respond to audit queries for those three months.

The Lay Member (Strategic Change), queried the forecasted deficit and what the implications of this would be and the impact on services during the three-month period. The Chief Finance Officer provided assurance that these were costs which were shown as a deficit but for which an allocation would be received and drawn down which would offset this and we would not have a deficit when we get to the year end.

In terms of the historic surplus, Members were advised that as part of the planning process for 2022/23 and 2023/24 if, as an ICS/ICB, we can live within the resource allocation for those two financial years there was a commitment that the cumulative brought forward deficits of those constituent organisations would be written off. The net cumulative brought forward deficit for this ICB that would be written off if we could live within the resource allocation for those two financial years would be £96m. The Chief Finance Officer had raised the fact that there was a significant deficit in the North Yorkshire side of the patch but there was a big net surplus sitting with the Humber side that came from the PCTs as the Health and Social Care Act 2012 was implemented, a proportion of which was carried through to the CCGs and to average this out would potentially drive even greater health inequality within our Places and there was a need for further conversation about how we differentially invest and direct resource in a much more targeted way.

The Chief Finance Officer advised that during the three-month extension period, the statutory responsibility sat with the CCG and she stated that she felt strongly that the CCG surplus belonged in Hull for the people of this city.

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The Associate Director of Corporate Affairs advised that, as well as the challenges for finance and closedown in relation to the extra three months, there were also wider governance aspects and the critical element would be keeping people who understand, particularly the finances at granular level, in the system. In addition, the due diligence process would re-set back to the formal closedown, currently planned for the end June 2022, and there were a number of aspects of that that could both help, but equally, create further challenges.

The Chair queried, from a national and regional elective recovery fund, what the expectations were on our providers to use that money. The Chief Finance Officer stated that this had been one of areas of significant change both in how the elective recovery fund had been set up and how the money flowed through 2021/22 and the counting of that. In H1 this had been done on an activity basis, in the second half of the year it was realised that by doing more activity was not actually reducing the waiting times. Therefore, the counting had been changed so that it was done on clock stops with providers only having access to the elective recovery fund if it was activity that was clock stopping later than 52 weeks or the longest waiters so that there was a bigger impact on recovery. It was reported that locally we were still hugely challenged with recovery and access to the elective recovery fund was not the reason why we were not making significant inroads to our waiting lists. There was resource in the system and we are not using the independent sector levels of activity to maximum effect. Going forward there would be £55m elective recovery resource coming into the ICB and in order for providers to access this fund they would have to achieve the 2019/20 levels of activity.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) expressed concern that the words “acuity of patients” had appeared in two of the Trust reports; for HUFHT in A&E and YAS in respect of calls to the 999 service and she wished for this to be noted.

Resolved

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

6.2 COVID UPDATE

Jason Stamp declared an 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.

The Interim Chief Operating Officer reported that Covid case rates were currently at 1100 per 100,000.

The Assistant Director Health and Wellbeing/Deputy DPH, Hull City Council provided some context to the case rates and advised that following the very steep increase and rise that had been seen through early January, the peak had now come down from that very high rate and had now largely plateaued which was a similar trend being seen across the country, with the exception of London. We had gone into Omicron with a base rate of 300 per 100,000, followed by a huge spike, we were now levelling out at about 1,000 per 100,000 across the board and rates were still going down very slowly which again was a similar pattern across most of the country. He advised that we would still need to anticipate that for the foreseeable future we would

still be seeing a residual level considerably higher than where we went into Omicron previously with Delta. It was also emphasised that there was a huge variation by age within that, generally this was reducing across the board, the exception to this was school-age children where very steep increases were being seen and extremely high rates. Much lower-than-average rates were being seen across most of the population and was down in the over 60's at about 300-350 per 100,000 and decreasing; but rates of around 2,000-2,500 in school-age children were being seen and were still increasing and there were still some above average rates in 30-45 age group. There were encouraging results overall but there would still be some significant impact on children and young people and schools and the knock on of absence and potentially some spreading of those infections to parents and other household members was still a very realistic possibility.

The Interim Chief Operating Officer advised that there had been 103 patients in hospital with Covid, none of these were currently in ICU and were predominantly patients who required support with oxygen therapy that were being admitted.

There had been an impact in terms of workforce both in the hospital and in the care home and homecare sector.

Our teams, particularly at the ICC, were working really hard and we were having an impact on the numbers going into hospital and, despite some of the challenges previously discussed, the numbers overall going into A&E were about 100 down on average, some of that was the impact of the co-located Urgent Treatment Centre, particularly for paediatric admissions and in terms of our older people the support that the ICC were giving through advice and guidance into the care homes, and admissions for over 80s were down 25% against 2020/21 figures.

Uptake of the booster was around 78% for the city which was good but we would like that to be better. There was an evergreen offer across all of our sites which were offering booking and/or walk-in, there was a joint landing page via both Hull CCG and East Riding CCG which gave the public access to all those vaccination sites. There was a concerted effort currently taking place in primary care around identifying at risk 5–11-year-olds for vaccination and work was taking place with the Assistant Director for Health and Wellbeing/Deputy DPH and his team around a Community Vaccines Champion project to support education and uptake and this would be starting in the next month or so.

Dr Ali asked if there had been lots of school closures or closures of year groups who had to move to home schooling and what kind of disruption had this latest spike had on our children and their education. The Assistant Director for Health and Wellbeing/Deputy DPH, Hull City Council advised that there had been significant disruption but not generally school closures. They were working in a very tailored way with schools to try and support them achieve the fine line between keeping as many children in school for as long as possible, but also getting the balance between really supporting them with taking appropriate proportionate action when rates were rising. This had resulted in avoiding having to close any schools, there had been a handful of whole classes which were being advised to work at home but these were very much by exception. This was having an impact as the case rates and the absences were very high in schools and staffing absences were also very high and set to continue.

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The Community Vaccines Champion initiative would be a really significant investment for Hull of £485,000, which had come from the Department of Housing and Levelling-up to develop a Community Vaccination Champion provision.

Members were made aware that the calculation of all the case rates would be changing radically from 31 January 2022. Currently all the case rates that had been reported throughout the pandemic had not included any re-infections. With the shift to Delta and much more with the shift to Omicron a substantial increase in the number of re-infections had been seen. From Monday 31 January 2022, the calculation of all the case rates would be adjusted retrospectively for the pandemic and an uplift in the current rates would be seen to reflect that re-infection. This would not alter the historic change much; however, the current rates could change by as much as 10-15% to reflect the current level of re-infection. An increase in case rates would be seen across the country and locally, and it was noted that the re-infection rates disproportionally affected younger people as this group were mixing more and didn't have the same level of vaccination cover.

The Associate Director of Corporate Affairs pointed out that we may also see a potential impact as a result of the relaxation of Plan B restrictions.

Resolved

(a)	The Board noted the update provided on the current Covid case rates.

Phil Davis, Strategic Lead-Primary Care, joined the meeting

6.3 GP PRACTICE / PCN INVOLVEMENT IN COVID19 RESEARCH AND DEVELOPMENT PROJECTS/PROGRAMMES, APRIL 2020 TO DECEMBER 2021

Dr Moult and Dr Oehring declared a Professional Interest in this item as GPs for the Modality and Nexus PCNs who had been involved in COVID19 Research and Development projects/programmes. The declarations were noted and no further action was required to be taken.

The Strategic Lead – Primary Care presented this report which provided an executive summary on Primary Care Network (PCN) and GP Practice involvement in COVID-19 research throughout 2020 and 2021 along with information of ongoing developmental programmes and projects.

The Chair asked, in relation to the programme work of research infrastructure and capacity building, if there had been any specific outputs from this. This query would be fed back to Marie Girdham in order to obtain a more detailed breakdown on this piece of work.

The Lay Representative (Patient & Public Involvement) stated that thought would need to be given about where the area of research would fit moving forward and consideration given to the value of research in terms of driving forward some of the clinical innovation, change and future commissioning. He commented that there was a need to be connecting research more closely to communities and to the broad outcomes and priorities of the city in a pro-active way.

Resolved

(a)	The Board noted the information provided in the report, and

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(b)	Marie Girdham would be asked to provide a more detailed breakdown on the programme work of research infrastructure and capacity building and any specific outputs from this piece of work

Phil Davis, Strategic Lead-Primary Care, left the meeting

7. STRATEGY

7.1 WORKFORCE AND ORGANISATIONAL DEVELOPMENT REPORT INCLUDING ACTION PLAN

This Report had been deferred and would be brought to the May 2022 Board Meeting.

The Chief Finance Officer advised that this was an annual report and the three-month extension of the CCG provided the opportunity to defer the timing of this report in order to report retrospectively on full year data.

Resolved

(a)	The Workforce and Organisational Development Report, including action plan, would be brought to the May 2022 Board meeting.

7.2 HUMBER COAST AND VALE (HCV) INTEGRATED CARE SYSTEM (ICS) HUMBER PARTNERSHIP UPDATE

The Accountable Officer provided a verbal update on process and advised that during December 2021 the following four ICB Executive Director appointments had been made:

- Chief Operating Officer – Amanda Bloor
- Director of Clinical Services – Dr Nigel Wells
- Director of Nursing – Teresa Fenech
- Director of Workforce – Jayne Adamson

The recruitment process was currently under way for the following further posts with interviews taking place in early February:

- Director of Corporate Affairs
- Director of Communications and Engagement
- Director of Finance and Investment

In addition, there would be two non-executive Directors, Remuneration Committee Chair and Audit Chair and these posts would be interviewed for in February.

There would also be three Partner Members: one for Local Authority, one for Primary Care and one for the Provider Collaboratives for which there would be a nomination process.

Strategic Partnership Directors would be members of the ICB, but they would not be voting members. There had been a significant change in the operating model over Christmas; initially the Place Directors would report in through the two Strategic Partnership Directors but now the six Place Directors would report through the Chief Operating Officer which was a new post and fundamentally changed the operating model in both parts of the system. There was an on-going consultation regarding this which would include the appointment of the Strategic Partnership Directors and the six Place Directors.

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In terms of moving forward, Stephen Eames was keen to carry on doing things from 1 April 2022, although ultimately the Accountable Officers would still be accountable until the end of June 2022 and the accountability and responsibility would need to be worked through.

A lot of attention in the Transitional ICS Executive Team had been around Omicron demand, responding to winter pressures, ‘business as usual’ issues as well as what the new arrangements would look like.

Good progress was being made in forming the new structure but there were still some areas to be finalised.

Resolved

(a)	Board Members noted the update provided on the Humber, Coast and Vale ICS Humber Partnership.

7.3 CCG TRANSITION ARRANGEMENTS UPDATE

The Interim Chief Operating Officer gave a presentation on the Integrated Care System Transition – Hull Health and Care Partnership Operating Framework and provided an update on some of the arrangements that were starting to take shape around the CCG transition and the Place arrangements and the work being done in Hull to continue to take the work we do as a CCG forward under new partnership arrangements

The emerging priority areas were:

- Continue organisational development – developing the maturity of the Partnership
- Consistently focussing on health inequalities and making sure they inform the prioritisation of our services
- Continue to deliver transformation
- Continuing to deliver planning
- Clinical leadership model and representation
- Patient and Public engagement model
- Ensure quality, assurance and risk is taken forward

Detailed work was on-going to work through the existing governance structure to understand where each current function would sit and how this might start to evolve and morph into some new operating arrangements. There would be elements of what we currently do, for example the accountability functions of the CCG Board, which would transfer to the ICB and we would also need to revise some of our existing meetings to be able to meet the new arrangements and also to develop as a new Place. More information was awaited in relation to the Primary Care Commissioning Committee but it was expected that we would still have to hold some of that work at Place.

Task and Finish Groups had been set up for each of the following Place priority areas to do some detailed work around what the new structure would be:

- Strategy
- Governance
- Finance and Risk
- Quality and Performance

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- Engagement
- Integrated Delivery

The Health and Care Partnership Committee would start to meet in shadow from until 1 July 2022.

A Place Senior Leadership Group would oversee the operational delivery and problem solving and would start to take a leadership role over those task and finish groups as we moved into the next six months.

Summary and Next Steps:

- More information was expected around Place leadership, delegation of resources and decision-making to Hull once the designate ICB recruitment was complete
- All CCG functions would transfer once the ICB becomes a statutory organisation, CCG staff employment would transfer to the ICB but a team would remain in Hull at Place.
- The Hull Place Steering Group would start to meet as shadow Health and Care Committee, and workshops were planned to support and develop the arrangements and governance.
- Draft Terms of Reference were in preparation, membership included current CCG leadership, provider executives, LA officers and elected members
- Clinical and community engagement representation would need to be confirmed
- Task and finish groups would commence work on an operating model
- An alliance contract approach with health providers as part of the new arrangements was being explored
- The Hull Health and Wellbeing Board Strategy would provide the strategic framework for the health and care in the city
- The ambition was to work towards becoming a joint committee of statutory partners by 2023

See embedded presentation below for further detail:

Item 7.3 CCG Board
Jan 22 ICS Update_.

Dr Moult asked how this organisation was going to hold providers to account in terms of quality and outcomes. The Interim Chief Operating Officer stated that this was not yet clear as whilst an alliance contract approach with health providers as part of the new arrangements was being explored, this wouldn't provide us with the levers we have now in terms of quality management and monitoring. Further information was awaited from the ICB with regard to what their expectations would be and whether this would happen at that level with some delegation down to Place to seek that assurance.

The Lay Representative (Patient & Public Involvement), whilst acknowledging the amount of work that was going into designing new frameworks and new ways of working, felt that there was still a degree of clarity needed around the relationship between Place and the ICB and the respective roles and delegations. He also shared the same concern that there was no independent accountability and scrutiny of what happened at Place. He went on to say that the work undertaken so far provided some reassurance around functions but the legacy of what we need to see transferred into

new Place-based arrangements was in our gift and we would also need to focus on this.

The Associate Director of Corporate Affairs stated that one of the critical relationships which would also need to acclimatise to each other was the role of Place and Provider Collaboratives.

Resolved:

(a)	Board members noted the update provided on the CCG Transition Arrangements.

A Patey. Public Health Consultant, Hull City Council joined the meeting

7.4 JOINT HEALTH & WELLBEING STRATEGY

The Public Health Consultant, Hull City Council, presented the final Joint Health & Wellbeing Strategy (JHWS) for Hull for approval.

Members were advised that the JHWS, which had been developed through widespread stakeholder and partners consultation, adopted a values-based approach to try and both bind the system around a collective set of values and facilitate all those values in the city that are delivered to improve health and wellbeing outcomes; a framework that they can use to operate, and equally, a framework for the Health and Wellbeing Board (HWB) to have some strengthened systematic approach to the issues it is bringing to its table.

The JHWS had been developed in 'real time' as the Place Partnership new systems around the ICS were starting to emerge and offered a framework that the Place Partnership could adopt. It also included a supplementary document which outlined ICS developments and Place Partnership development that could be kept constantly revised and updated.

Positive feedback had been received on the strategy – based on its simplicity of four key values and three key strands of work which are: Proactive Prevention, Health Inequalities and System Integration.

The JHWS had been through decision-making processes, had been signed off by the HWB, had been approved by full Council and was now presented to the Hull CCG Board for approval.

Members were advised that the JHWS was for the System, but running alongside this was a public facing version of the strategy and there would be a stronger drive in communicating this outward as an action of the HWB. A link to the public-facing version would be sent round.

Board Members approved the Joint Health and Wellbeing Strategy for Hull.

Resolved:

(a)	Board members approved the Joint Health and Wellbeing Strategy for Hull.

A Patey. Public Health Consultant, Hull City Council left the meeting

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8. REPORTS FOR INFORMATION ONLY

8.1 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT AND APPROVED MINUTES FROM 9 NOVEMBER 2021

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 9 November 2021.

8.2 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORTS AND APPROVED MINUTES FROM 1 OCTOBER 2021 AND 3 DECEMBER 2021

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 1 October 2021 and 3 December 2021.

8.3 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES 22 OCTOBER 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 22 October 2021.

8.4 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES FROM 29 OCTOBER 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 29 October 2021.

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

9.1 MEDIA POLICY

The Associate Director of Communications and Engagement presented the Media Policy for approval.

Members were advised that the CCG's existing Media Policy was due for renewal and the pandemic had brought to the forefront the importance of social media as a trusted source of information. The policy had been refreshed and strengthened in this respect in order to bring it in line with the changing focus.

Board Members approved the updated Media Policy

Resolved

(a)	The Board considered and approved the updated Media Policy

9.2 AGILE WORKING POLICY

The Interim Chief Operating Officer advised Members that the CCG was committed to providing an appropriate working environment to enable staff to undertake their role effectively. In order to continue to support the increasingly diverse needs of the CCG and its workforce the Agile Working Policy had been developed in order to set out the requirements relating to agile working.

The Associate Director of Corporate Affairs advised that the Agile Working Policy had been to the Social Partnership Forum and they were very supportive of the policy as it offered a degree of clarity, consistency and certainty to staff when the national guidance was changing.

He also reported that the HR Team had looked to adopt a consistent approach across the ICB area.

Board Members approved the Agile Working Policy

Resolved

(a)	The Board considered and approved the Agile Working Policy

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 25 March 2022 at 9.30 am

Signed: ______________________________

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date: ______________________________

DRAFT

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

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