NHS
Northumberland
Clinical Commissioning Group

Minutes of the Joint Locality Executive Board Meeting
Wednesday 25 May 2016, 0900
Chairman's Dining Room, County Hall

Present

Dr Alistair Blair (AB)	Chief Clinical Officer (Chair)
Julie Ross (JR)	Chief Operating Officer
Rob Robertson (RR)	Chief Finance Officer
Annie Topping (AT)	Director of Quality and Patient Safety
Dr John Warrington (JW)	Locality Director - Central
Dr David Shovlin (DS)	Locality Director – West
Hilary Brown (HB)	Joint Locality Director – North

In Attendance

Stephen Young (SY)	Strategic Head of Corporate Affairs
Faye Smeaton (FS)	Business Support
Janet Guy (JG)	Lay Chair
Karen Bower (KB)	Lay Governor
Paul Crook (PC)	Lay Governor
Andrea Brown (ABr)	Epidemiologist (Agenda Item 7.3 only)

JLEB/16/111 Agenda Item 1.1 Apologies for absence

Frances Naylor (FN)	Locality Director – Blyth Valley
Siobhan Brown (SB)	Transformation Director

AB welcomed members of the Governing Body to their first Joint Locality Executive Board (JLEB) meeting, explaining that in future lay members will be invited to attend each meeting.. AB noted that governance remains unchanged; JLEB will continue to be the decision making body and lay governors will attend in order to gain an oversight of the decision making process and contribute to discussions. Governors will not have a vote in this forum.

JLEB/16/112 Agenda Item 1.2 Declarations of conflict of interest

No conflicts of interest were declared.

JLEB/16/113 Agenda Item 1.3 Quoracy

The meeting was quorate.

JLEB/16/114 Agenda Item 2 Patient story

AB proposed that this item is removed from future JLEB agendas although patient stories will continue to be a Governing Body agenda item.

Decision: It was agreed that patient stories will be removed as a standing JLEB agenda item.

JLEB/16/115 Agenda Item 3 Minutes from the previous meeting

The minutes of the previous meeting were agreed as a true and accurate record.

JLEB/16/116 Agenda Item 3.1 Matters arising

There were no matters arising.

JLEB/16/117 Agenda Item 3.2 Review of actions register

The following actions were agreed as complete and will be removed from the actions register:

JLEB/16/64	**Red Bags**
JLEB/16/74	**Right Care opportunities in the FRP**
JLEB/16/77	**Assurance framework**
JLEB/16/90	**Quarter four assurance meeting**
JLEB/16/92	**Vanguard pharmacy contributions**
JLEB/16/93	**Impact of PAS**
JLEB/16/95	**HCAI Benchmarking**
JLEB/16/96	**TMN Delays**
JLEB/16/97	**NTW Safety Thermometer**
JLEB/16/105	**ACO update to Blyth Valley locality**

The Following actions were discussed in further detail:

JLEB/16/42: JR explained that the draft Sustainable Transformation Plan (STP) is not yet ready for circulation due to reconfiguration activity in other areas of the patch. The key message for localities is that while the STP is an important five year plan that covers a wider footprint than Northumberland, it merely encompasses Northumberland Clinical Commissioning Group's (CCG) current operational plans and the Financial Recovery Plan (FRP). JR stressed that the STP is not a completely new or separate plan but a combination of existing plans.

JLEB/16/44: DS to discuss with ABr. It was agreed that all future JLEB actions will be owned by a JLEB member.

JLEB/16/118 Agenda Item 4 Chief Clinical Officer/Chief Operating Officer report

Health and Well Being Board (HWBB)

The HWBB has appointed Cllr Susan Dungworth as its new chair. Cllr Scott Dickinson is now the vice chair of the Board.

Vanguard Funding

Vanguard funding has been confirmed at £4.3million for 2016/17. The next meeting of the Primary Care Leadership Group (PCLG) will consider spending in 2015/16 and funding allocations for 2016/17, with a focus on primary care access and IT solutions. The vast majority of Vanguard sites received lower than anticipated 2016/17 funding and some Vanguards have withdrawn from the programme as a result. This may create opportunities for remaining Vanguard sites to pick up additional funding.

Financial Position

The CCG's 2015/16 annual accounts have been approved by Audit Committee. The CCG plans to achieve an in-year break even position and anticipates therefore posting a c£5million deficit for 2016/17. This approach has been approved by NHS England.

The quarter four assurance meeting was positive. Despite positive ratings in all other areas, the CCG is rated overall as 'not assured' as a result of the financial deficit. The 'not assured' rating has been reached due to the lowest common denominator rating across five domains.

Ralph Blackett

Ralph Blackett recently died in hospital following a stroke. AB commended Ralph's dedication to the CCG, noting that he continued to work until well past the retirement age and up until his death at 75 years old. Ralph received the 'Exceptional Contribution to a CCG' award in 2015 and will be missed by all at the CCG. Funeral arrangements are to be confirmed.

Primary Care Transformation Fund (PCTF)

RR explained that PCTF bids have been submitted to NHS England following review by the Primary Care Commissioning Committee (PCCC). Updated CCG guidance has recently been received and the fund title has been changed to the Estates and Technology Transformation Fund (ETTF). RR will provide FS with the guidance for circulation.

Other Business

There has been little in the way of national announcements at the beginning of the financial year. Approximately 20% of CCGs nationally are thought to have posted a deficit. Maureen Baker visited Northumberland on 23 May 2016 and toured the Northumbria Specialist Care Emergency Hospital (NSECH) and Morpeth Health Centre before taking part in a round table discussion regarding Primary and Acute Care Services (PACS)

Action:

JLEB/16/118/01: RR to provide FS with ETTF guidance for circulation.

JLEB/16/119 Agenda Item 5 Locality Meeting feedback

SY presented the locality feedback for May 2016 noting that localities had been asked to discuss Talking Matters Northumberland (TMN). Localities questioned whether the same level of disruption and delays will be experienced every time a service provider changes. JR explained that there is oftena dip in performance when a new service is procured, however this performance dip was worse than expected in this instance. JW noted that colleagues at his practice have reported an improved service and reduced waiting times in the last month or so.

Further issues raised were:

- **360° Stakeholder Survey:** Will be discussed later in the agenda.
- **SIRMS:** Good feedback concerning the new quarterly report; however delays are still being experienced of up to seven months for incident feedback.
- **Bloods:** The Local Medical Committee (LMC) are investigating the possibility of results being returned directly to hospitals when patients have been asked by a consultant to get bloods taken at GP surgeries.

JLEB/16/120 Agenda Item 6.1 Quality Summary Report

AT presented the summary report for April 2016, noting that there were few exceptional issues to be discussed. AT highlighted the following issues:

- **MRSA:** The CCG is currently assigned one case of MRSA which was reported by Northumbria Health Care Foundation Trust (NHCFT). The CCG will be recommending that the case is allocated to a third party.
- **Safety Thermometer:** The Safety thermometer provides a snapshot of one day's data per month. NHCFT are currently performing in line with the national average. Northumberland, Tyne and Wear Trust (NTW) are comparatively lower. Benchmarking is currently being investigated.
- **Venos Thromboembolism (VTE):** NTW are taking steps to address underperformance in relation to VTE. A new assessment form has been created, which may increase the number of cases reported. Newcastle Hospitals (NUTH) are also below the national average for VTEs; root cause analysis is taking place in order to understand the issues.
- **Serious Incidents:** 10 serious incidents involving Northumberland patients occurred in April including a major network failure which affected email and telephone access at three sites. The full quality report presented to JLEB in June 2016 will include a 2015/16 serious incident summary.
- **SIRMS:** 52 incidents were reported by GP practices in April, indicating that practices appear to be using the system effectively.

JR asked whether NTW being a forensic provider when other providers are not could impact on accurate benchmarking of performance in relation to falls with harm. AB explained that forensic patients tend to be younger, while falls with harm most often occur in older dementia patients.

JG noted that the Engagement, Public Health and Quality Committee (EPHQ) discussed the apparent anomaly between safety thermometer information and NTW reporting in relation to serious incidents. AT said that data triangulation is currently being investigated and will be included in the 2015/16 serious incident summary.

DS asked whether any learning could be taken from SIRMS reporting, noting that it would be worthwhile to include key issues in CCG bulletins. AT will investigate data analysis options with a view to providing a summation of SIRMS issues and learning opportunities.

Action:

JLEB/16/120/01: AT to investigate data analysis options with a view to providing a summation of SIRMS issues and learning opportunities.

JLEB/16/121 Agenda item 7.1 2016/17 Budget Setting

RR explained that JLEB had previously agreed the outline 2016/17 budget at its March 2016 meeting. The budget has now been updated to include the FRP and RR asked JLEB for final approval.

The CCG starts 2016/17 with a c£5million deficit. Northumberland has been in financial recovery since 2004/5 meaning that many 'quick win' solutions have already been implemented and so the CCG now needs to consider reconfiguring services in order to deliver the required savings.

Three years of allocations have been confirmed with a further two years of indicative uplifts agreed. NHS England considers the CCG to be within 5% of its target allocations (known as 'distance from target') and has therefore received a 3% growth uplift (£13.2 million). Planning guidance from NHS England results in a real terms growth allocation of £6 million.

There are also a number of business rules which need to be met in 2016/17. The CCG will be unable to meet the 1% surplus required but will focus on the requirements for a 0.5% contingency, non-recurrent requirements, running costs and mental health parity of esteem.

We have submitted the Better Care Fund plan, signed off by partners; all national conditions are met through the submission, including a risk sharing arrangement with the local authority.

The CCG is required to deliver £19.2million of QIPP savings in-year. Project plans on a page have been agreed with NHS England and work has started on delivery. £2.7million of savings is applied to budgets and £9.8million is agreed in contracts. Further savings are being agreed as part of the STP.

RR outlined the key risks to delivery of savings:

- **Continuing Healthcare (CHC):** In year expenditure is expected to be mitigated by the gainshare agreement with the Local Authority.
- **Acute performance:** There remains a risk of increased activity. 0.5% contingency has been set aside for this purpose.
- **Prescribing:** Prescribing costs are increasing nationally. It is important to ensure that impacts are captured quickly in order to mitigate risks.

HB asked whether RR is confident that allocations have been firmly set. RR said that the first three years are firmly agreed but noted that there may be changes to business rules as a result of national NHS deficits.

JR noted that achieving £19.2million in savings will be challenging and there are significant risks to its delivery. Simon Davies has been appointed as the Interim Director for Financial

Recovery for a six month term and will start 6 June 2016. Simon's clear focus will be to release savings through transformational change.

PC noted that much of the CCG's work over the last 18 months has concentrated on keeping people out of hospital and reducing A&E activity, however figures continue to increase and this is disappointing. RR said that emergency pathways have changed significantly over the last 12 months.

JR noted that the minor injury sites at Wansbeck and Hexham are now on a block contract and should be used wherever possible for legitimate attendances. Communications are required to that effect.

Decision: JLEB approved the CCG's 2016/17 budget.

JLEB/16/121 Agenda Item 7.2 Performance report

RR presented the end of year 2015/16 performance report and outlined the key areas of concern:

- **Breast symptomatic patients:** The CCG and NHCFT failed to meet the two week wait target for 2015/16. Performance was just below target and work will continue to improve performance in 2016/17. DS noted reports that NHCFT are referring patients back to primary care if they are unable to meet the two week waiting time target. JR will investigate whether this process occurs with other providers, such as NUTH, and whether it is an appropriate process to implement for Northumberland.
- **A&E performance:** Performance was below target for March at 94.9% against a target of 95%, meaning in real terms that we were 145 patients short of the target. RR noted that the calculation used for this indicator was set in 2009 and does not take NSECH into account, which has seen a significant shift in the pattern of activity between the emergency departments in the area. This has been challenged with NHS England, however there remains a significant risk to achieving performance targets in 2016/17.
- **Ambulance response times:** Will be discussed under item 7.3 of the agenda.
- **Audit:** CCG performance has received significant assurance with no issues of note.

JR asked JLEB to note the analysis of hand over delays contained within the performance report showing the proportion of delays attributed to NSECH.

Action:

JLEB/16/121/01: JR to investigate whether providers other than NHCFT refer patients back to primary care if they cannot meet the two week minimum wait target and consider whether this is an appropriate process for Northumberland.

JLEB16/122 Agenda item 7.3 North East Ambulance Service (NEAS) Performance Report

ABr joined the meeting and presented the report, highlighting the following key areas:

- There has been a steady decline in the proportion of calls dealt with in timescale, although this appears to have begun to level out towards the end of 2015/16.

- Further analysis has taken place regarding calls per category and shows that Northumberland has the lowest proportion of red calls across the north east but the highest proportion of GP urgent calls.
- Response rates are in line with 2014/15 performance but the volume of calls in higher. Response rates for Northumberland are lower than in the north east overall with a steady decrease throughout the year.
- Sara Hopkins is currently investigating the reasons for time differences between first response and patient transport response. A report will be presented to JLEB once this work is complete.
- At the end of 2015/16 no ward in Northumberland has seen improved ambulance performance since the end of quarter three. Performance has deteriorated in a number of wards.
- There is no change to the pattern of responses to GP urgent calls. A number of ambulances continue to arrive either earlier or later than the agreed response time. Ambulance taxis account for 10% of GP urgent calls, however many taxi firms do not have a GP practice attached to them.
- There has been a steady increase in call closures by telephone throughout the year, bringing performance to almost the England average by March 2016.
- Northumberland has one of the highest levels of ambulance patients admitted to a hospital bed in the region, although this could include patients admitted for ambulatory care.

JW felt that it was important to share information with GP practices regarding high levels of GP urgent calls and the availability of ambulance taxis and suggested the 111 algorithms could be changed to ensure that GPs are asked whether patients who use a wheelchair could use an ambulance taxi as it is assumed at present that they cannot.

RR noted that benchmarking in the NEAS report showed a notable increase in performance in the West Midlands over the last year and queried whether this was a change in reporting procedures or whether an initiative had been implemented to improve performance that the CCG could learn from.

JW noted the reported NHS111 to 999 conversion rate and queried to what extent 999 are able to re-triage 111 calls. DS explained that re-triaging by 999 is not permitted following a national incident which resulted in patient harm. Northern Doctors (NDUC) are working with NEAS to identify ways to support paramedics on the ground. AB asked ABr to investigate the difference between NHS111 to 999 conversion rates compared to direct 999 calls.

AT noted that NEAS are currently taking part in an ambulance response programme pilot which allows 999 calls to last longer in order to improve outcomes. This could impact on response times and the CCG needs to understand the scale of the impact.

KB noted that NEAS have experienced high sickness levels in 2015/16 and queried whether this has impacted on the number of ambulances on the road, particularly whether there had been a reduced number of ambulances in operation in Northumberland. ABr to investigate.

HB noted that it is disappointing to see NEAS performance rates continuing to decline despite the work that has gone in to improving performance and asked what the NEAS response has been to this. JG agreed with this and, although encouraged by JLEB's ideas and debate, felt the report did not provide any indication of how performance can be improved. This creates an issue for the Governing Body in terms of not being able to understand what is being done to address performance. DS will provide a quarterly report on progress against ambulance improvement action plans to JLEB .

JR noted that NSECH continues to experience significant handover delays. A single handover process was introduced on 16 May 2016 which seems to making an impact. Consultant triage is also taking place on Mondays and Tuesdays and direct admissions are taking place at Wansbeck and Rake Lane. Although there have been some reductions in the number of delays, the position is not yet consistent across the week. . JR and DS will attend a system wide meeting on 26 May 2016 to bring the action plan up to date. DS will bring an action plan update report to the June JLEB meeting.

Actions:

JLEB/16/122/01: **DS to ensure that ABr investigates the reason for West Midlands' ambulance recently improved performance and identify best practice that could be adopted in Northumberland.**

JLEB/16/122/02: **DS to ensure that ABr investigates the NHS111 to 999 conversion rates**

JLEB/16/122/03: **DS to ensure that ABr investigates the impact of NEAS sickness levels on the number of ambulances operating in Northumberland in 2015/16.**

JLEB/16/122/04: **DS to report on progress against the ambulance performance improvement action plan to the next JLEB meeting and present a quarterly report to JLEB thereafter.**

JLEB/16/123 Agenda item 7.4 Capacity and capability review action plan

JR outlined progress against the CCG capacity and capability review recommendations:

- **2015/16 financial outturn** and **financial position:** Actions are now complete and the annual accounts have been signed off by the Audit Committee.
- **QIPP:** A dedicated PMO lead/ director of financial recovery will be in post for a six month period, from 6 June 2016. JR thanked SY for his work to date in setting up the PMO.
- **Capability and capacity planning:** FRP is approved. This action is complete.
- **Financial recovery and decision making:** Governing Body members are now attending JLEB. This action is complete.
- **QIPP governance:** In place for 2016/17.
- **Quality Impact Assessments (QIA):** Template signed off in April. This action is complete.
- **Capacity:** In addition to the PMO a Communication and Engagement Manager and additional capacity for the Urgent Care programme are currently being recruited. AT will assume responsibility of restitution and additional admin support will be sought. NECS support will be fully optimised.
- **Lay members:** Governing Body members are now attending JLEB. This action is complete.
- **Publishing papers:** Papers for Governing Body including finance and performance reports have always been published on the CCG's website. JLEB minutes and agendas will now also be published.

JG noted that the capacity and capability review had been a positive and constructive process and that the recommendations were fair. HB felt that the review had been well handled by the senior team and progress reports had been timely.

Decision: **JLEB accepted the recommendations and noted the action plan in response.**

JLEB/16/124 Agenda item 8.1 Sustainability and Transformation Plan (STP) update

JR noted that final submission of the STP is due on 30 June 2016 and that it will be available for discussion at locality meetings after that date. The STP was covered earlier in the meeting under item 3.2.

JLEB/16/125 Agenda Item 8.2 Vanguard

JR reiterated that Vanguard funding has been confirmed at £4.3million. The CCG has written to practices to confirm the level of funding they will receive to develop primary care access models. Practices have been informed that the money must be used to provide sustainable solutions.

SB will be communicating the identified tranches for migration to SystmOne and all localities are working on models of primary care development. JR explained that work is ongoing regarding the development of the ACO, with HWBB due to consider proposals for strategic commissioning beginning to take place in shadow form by the end of 2016. The Kings Fund has been commissioned, through the vanguard programme, to develop a series of health outcome measures for use in the ACO. Initial drafts have been received but the kings fund has more work to do in order to deliver the kind of output we are looking for. A meeting has been convened in June 2016 to discuss the work with the King's Fund.

Discussions are taking place with North Tyneside CCG (NTCCG) regarding the possibility of joint working in relation to the ACO construct. RR felt that joint working could lead to a risk of delays to implementation if both CCGs were not working at the same pace. JR noted that while the construct and documents would be developed in tandem, this would not automatically mean that both CCGs would need to move to an ACO arrangement at the same time; she noted however, that there is value in exploring a shared arrangement.

JR said that the LMC have been asked to facilitate a discussion group of GPs and practice managers to look at how primary care options are represented in ACO construct development. Legal advice will then be taken against each of the options before a decision is made.

JLEB/16/127 Agenda Item 9.1 CCG 360° stakeholder survey

SY presented the report and explained that the response rate has fallen from 54% in 2014/15 to 44% in 2015/16; however this is a good response rate in comparison to other CCGs nationally. SY noted that no return had been submitted from HWBB. AB will further discuss with the chair. SY noted that, while the reasons for the reduced response rate are unknown, an internal review of communications and engagement with member practices had already begun.

AB felt it was important to take synchronicity into context, noting that the survey was undertaken in February 2016, around the same time as messages were being released

regarding the expected financial deficit at year end. This could account for some of the more negative responses.

AT asked whether it was possible to identify which key stakeholders had not responded to the survey in order to target future communications more effectively. SY said that this would be taking place as part of the overall review of the communications and engagement strategy.

JR noted that the CCG had not scored higher in any question than in the previous year, which highlighted the need for improved engagement with practices. The CCG has invested heavily in its member engagement and the results this year are disappointing; that means we need to work really hard to improve our communication and engagement with practices as a matter of urgency.

Actions:

JLEB/16/127/01: AB to discuss the CCG 360 stakeholder survey with Cllr Dungworth.

JLEB/16/128 Agenda Item 9.2 sub-groups

Quality Intelligence Group ToR

SY presented the revised ToR, explaining that changes focused on membership and bringing the structure in line with other JLEB sub-groups. KB asked AT to amended "Monitor" on page three to "NHS Improvement".

Decision: JLEB approved the revised QIG ToR subject to one amendment on page three.

Medicine Optimisation Group (MOG) minutes

The minutes were provided for information. JR noted that it would be helpful for JLEB to receive an update on completed actions with each set of minutes. SY will feed this back to Alan Bell.

Governance Group minutes

SY explained that the next meeting of the Governance Group will focus on the corporate risk register and ensure that corporate risks are adequately articulated separately from FRP risks.

Actions:

JLEB/16/128/01: SY to ensure that a MOG action log is started.

JLEB/16/129 Agenda Item 9.3 Annual report

SY explained that, following internal and external consideration Audit Committee had approved the report on behalf of CCG members on 24 May 2016.. The deadline for submission to NHS England is 27 May 2016; however the CCG hopes to submit it on 26 May, pending any last minute comments from NHS England. Audit Committee felt that the report was an accurate reflection of the CCG's current position and thanked all involved for their contribution. JR particularly thanked SY for his work on the Annual Report.

JLEB/16/130 Agenda Item 10 Locality meeting assurance points

- STP
- ETTF
- MIU and ECAUs
- Influence over secondary care – feedback
- Ambulance Taxi Journeys
- Communications
- Practice Activity Scheme

JLEB/16/131 Agenda Item 11 Any other business

Practice Activity Scheme (PAS)

JW presented the report, requesting delegated authority to approve the PAS following locality meeting discussions in June 2016.

In 2016/17 the PAS will look to reduce the variation in referral rates and bring the CCG in line with targets which are stretching but achievable. DS asked whether variations in referrals had reduced at all over recent years. JW suspected that this was not the case and that there may have been increases in some areas.

HB asked whether there were any links to contracting with NHS Borders. JR noted that Borders activity is relatively expensive but suggested that JW consider Borders activity

Decision: **JLEB agreed to delegated authority to JW to approve the PAS for 2016/17**

JLEB/16/132 Agenda Item 12 Date and time of next meeting

22 June 2016, 0900, Management Meeting Room, County Hall 65