



**Minutes of the NHS North Kirklees CCG Governing Body Meeting held on
Wednesday 3rd February 2016, 09.00am – 12.30pm
Dewsbury Town Hall, Wakefield Old Road, Dewsbury WF12 8DG**

Present:

David Kelly (DK)
Kiran Bali (KB)

David Fox (DF)
Julie Elliott (JE)

Nadeem Ghafoor (NG)
Kath Greaves (KG)
Colin Meredith (CM)
Richard Parry (RP)
Sarah Muckle (SM)
Deborah Turner (DT)

In-attendance:

Pat Patrice (PP)

Helen Severns (HS)
Jackie Holdich (JH)
Kath Woodford (KW)
Rachel Millson (RM)
Sarah Mackenzie-Cooper (SMC)
Eric Power (EP)

Apologies:

Chris Dowse (CD)
Steve Brennan (SB)
Andrew Cameron (AC)
Adnan Jabbar (AJ)
Khaled Naeem (KN)
Yasar Mahmood (YM)
Rachael Kilburn (RK)
Joanne Crewe (JCr)
Matt Shepherd (MS)
Siobhan Jones (SJ)

Minutes:

Emma Ulbrick (EU)

Chair
Patient and Public Engagement Lay
Member
Interim Chief Finance Officer
Quality, Performance & Finance Lay
Member
GP Member
Practice Nurse Member
Audit Lay Member
Kirklees Council
Consultant in Public Health
Head of Quality and Safety & Chief
Nurse

Governance and Corporate Affairs
Senior Manager
Head of Transformation
Head of Primary Care
Performance Manager
Business Planning Manager
Equality Manager
Head of Medicines Management

Chief Officer
Chief Finance Officer
GP Member
GP Member
GP Member
GP Member
Practice Representative
Registered Nurse Member
Secondary Care Member
Head of Communications and
Engagement

Corporate Governance Administrator

NKCCGGB/15/121 Introductions

The Chair opened the meeting by welcoming all those in attendance and the Governing Body (GB) members introduced themselves.

A warm welcome was extended to David Fox, Interim Chief Finance Officer.

It was highlighted that this was a meeting in Public not a Public Meeting and questions could be raised by members of the public and would be answered accordingly as indicated on the agenda.

NKCCGGB/15/122 Declarations of Interest

GB members were asked to complete a Declaration of Interest Form.

No formal interests were declared. The Chair noted that general interests declared as members of practices who are members of the Curo the GP Federation and declared interests are available on the North Kirklees CCG website.

NKCCGGB/15/123 Unconfirmed Minutes of NHS North Kirklees CCG (NKCCG) Governing Body Meeting held on 2nd December 2015 and 20th January 2016.

The Chair noted that the unconfirmed minutes of the NHS North Kirklees CCG Extraordinary Governing Body Meeting held 20th January 2016 would be discussed under item NKCCGGB/15/132 Strategic Discussion – Planning 2016/17: Development of the Sustainability and Transformation Plan (STP).

The GB:

- **Were ASSURED that the minutes of the Governing Body Meeting held on 2nd December 2015 were a true and accurate record with the amendment of typographical errors.**

DT entered the meeting.

NKCCGGB/15/124 Live Action Sheets

The Action Sheet was NOTED.

NKCCGGB/15/098 – MYH Nurse Staffing Levels

DT advised that a briefing paper was received yesterday that will be circulated to all GB members. Headlines from the briefing paper were that the Mid Yorkshire Hospital Trust (MYHT) are still compromised in terms of the number of nurses to deliver care in accordance with NICE guidelines. Significant assurance has been received of the mechanisms put in place to recruit both locally, regionally, nationally and internationally. In the media it has also been announced that there will be a new Associate Nurse role and MYHT are in discussion with universities in relation to piloting the role. One of the questions raised was when MYHT will be able to meet the trajectory and they have been unable to provide an absolute date although they have made significant progress. David Melia, Deputy Chief Nurse from MYHT will be providing an update at the next Governing Body meeting on 6th April 2016.

DK advised that recent discussion at the MYHT Quality Board identified that the Trust are not on track with the recruitment timeline.

DT advised that despite intense scrutiny and challenge at the MYHT Quality Board for assurance there is no change to the actions in place. MYHT have actively been trying to recruit and it is the view of the MYHT Quality Board that there is nothing further they can do to fill the vacancies.

JH advised that it was interesting to hear the discussions and scrutiny at the MYHT Quality Board. JH queried if MYHT have started strategic conversations with other organisations such as community services providers as they do not seem to have a problem recruiting staff. DT advised that conversations had taken place with providers, particularly in relation to the recruitment of acute staff. It was noted that MYHT have moved toward a shared bank of nurses.

NKCCGGB/15/102 – Performance Report

DF advised he will follow up the requested clarification in relation to the MYHT dermatology 18 week RTT incomplete standard.

NKCCGGB/15/104 – Kirklees Safeguarding Children’s Board – Annual Report 2014/15

DT advised that conversations had taken place with the relevant professionals and requested that the timescale for completion of the actions within the report be kept as 12 months. Integration work will take place with the Local Authority and a progress report will be provided to the Quality, Performance and Finance Committee on a quarterly basis for assurance.

NKCCGGB/15/105 – Workforce Report

JE queried that the new eTREVOR system is no longer in use for mandatory training that notifications for GB members is still needed when their mandatory training is due to expire. PP advised she will confirm that the notifications will still be sent on a regular basis from the new online system.

ACTION – PP to confirm that electronic notifications in relation to mandatory training due to expire will still be sent on a regular basis from the new online system.

NKCCGGB/15/125 Matters Arising

There were no matters arising.

NKCCGGB/15/126 Patient Story – Dementia (Carol’s Story)

The Governing Body welcomed Carol to the meeting. DT introduced Carol and explained that the Dementia Strategy was on the agenda for the meeting (NKCCGGB/15/136 Meeting the Dementia Challenge in Kirklees) and that the North Kirklees Clinical Commissioning Group (NKCCG) were interested in hearing from a carer of a patient with dementia to help NKCCG focus on the needs of patients. DT noted that in the past it was clear that the right services were not in place for patients with dementia and the changing demographics show in the coming years that there will be an increase in patients with dementia.

Carol explained that both her parents had different forms of dementia on a parallel journey of what she called “a silent or invisible disorder”. Carol described that she felt she too was a casualty in the war against dementia. Carol is developing a book sharing her experience and understanding of people with dementia.

Carol described that dementia comes with a variety of different and unexpected things: bizarre behaviour, phone calls to police, difficulty accessing health care, visits to A&E, GPs, social care, care homes and nothing dovetails. She explained that she felt pushed into 24 hour care and felt unsupported with no one to contact for help when things went wrong. There was no one to coordinate care. She advised there was a lack of information, continuity and support available and it was not until after her father passed away that she found support in a chance meeting with an Admiral Nurse while at Dewsbury Hospital.

Carol read out a letter of thanks that she had sent to the Admiral Nurses at Folly Hall in Huddersfield which explained her experiences of caring for her two elderly parents and the realisation that it is the disease, the illness, and not the person that brought you into the world and nurtured you. She described that for sufferers of dementia it as an end of life plan also needs to be developed as there is no help that they will get better and once that is taken onboard it helps empower with the here and now.

Carol explained how her parent’s journeys with dementia were different. Her father was sectioned and admitted to Dewsbury Hospital before being moved into a 24 hour nursing home where he sadly died. Her mother’s journey was via Alzheimer’s with the dementia hidden due to the difficulties with her dad and she passed away three months later.

Carol expressed her gratitude to the staff at Folly Hall in Huddersfield who she explained were helpful, polite, and constructive, passed on messages, returned phone calls and always had time to listen. She said her life was enriched by the chance meeting with an Admiral Nurse and that it highlighted the need for these nurses in every part of the UK and that until she met the Admiral Nurse she did not have one point of contact to discuss matters as they arose. Carol commented that people with dementia need to be treated holistically, as a whole person, as sufferers of dementia become physically ill too.

Carol wanted to end her story with the words – You don’t sound or look like anyone I know, yet I knew you all my life.

DT thanked Carol for sharing her story and advised that she had written down questions that she wants to make sure are considered under the Dementia strategy to link services, ensure we hear patient and carers requests, and to ensure the services are dovetailed to ensure they are robust.

DK commented that on reflection of Carol’s story that it is important to proactively provide information regarding Admiral Nurses and access to service.

HES advised that NKCCG have commissioned with MYHT and South West Yorkshire Partnership Trust (SWYPT) the psychiatric liaison service which works in A&E and links to the wards. It also ensures the training and development of staff in relation to mental health including dementia which is now in place.

Carol raised concern that the Dementia Matron is no longer in place in Huddersfield. HES advised that NKCCG do not commission the service in Huddersfield but would talk to colleagues in that area.

HES advised that positive feedback was received at a recent Patient Safety Walkabout at Dewsbury Hospital conducted in relation to the psychiatric liaison service.

DT advised that MYHT have made significant progress and have introduced dementia friendly wards.

The GB thanked Carol for attending and sharing her story and that it was helpful towards considering the Dementia Strategy.

NKCCGGB/15/127 Quality and Safety Report

DT presented the Quality and Safety Report which was scrutinised and discussed in detail at the Quality, Performance and Finance Committee (QPFC) on 16th December 2015 and 20th January 2016.

Key areas to note include:-

Nursing Staffing Summary

DT confirmed that as advised under the Live Action Sheet item that David Melia, Deputy Chief Nurse from MYHT will be providing an update at the next Governing Body meeting on 6th April 2016 in relation to staffing.

DT advised in relation to the CQC inspection and MYHT action plan, that it was agreed to hold a Commissioner Summit with Wakefield CCG as Lead Commissioner. It was noted that the Quality, Performance and Finance Committee were assured with the actions that are taking place post inspection.

Francis Report Internal Audit

DT advised that the QPFC were assured in relation to the Internal Auditor's report which provided significant assurance on the actions taken four years after the initial report.

DT advised in relation to Recommendation 4 from the internal audit that regular assurance is received from providers. DT noted that this item could have been taken off the action plan but it was felt that it was important to keep on so that the conversations continue to take place.

JE advised that at the Audit Committee meeting on 27th January 2016 the tracking of outstanding actions from the audit was raised and the internal auditors gave assurance that the right actions are in place.

Sepsis Awareness in Primary Care

DT advised that it was important that the GB were sighted on section 7 of the paper in relation to the national media coverage around a sepsis case. The matter was discussed by the QPFC and an action plan will be taken to a GP Forum.

KB queried in relation to a section 1.4 the MYHT recruitment and retention policy, if it was a new policy that was being developed. DT confirmed that it is a new policy. DT advised that over the last seven months some targeted recruitment has taken place through the Nursing and Midwifery Council (NMC) regarding residents who live in North Kirklees who are registered with NMC and that they will be doing some further work to also target those whose registration has expired.

KB queried if there was any data available showing if the Director of Staff Engagement post at MYHT that has been in place for a year has helped. DT advised she would request that David Melia, Deputy Chief Nurse from MYHT provide some information in his update at the Governing Body meeting on 6th April 2016.

ACTION – DT to request David Melia, Deputy Chief Nurse from MYHT provides information on the Director of Staff Engagement post in his update at the Governing Body meeting on 6th April 2016.

JE queried when a follow up meeting would take place in relation to the Commissioners Summit that was held with Wakefield CCG to share the information that was agreed. DK advised that the meeting scheduled for end January 2016 had been postponed as the information could not be developed in this timescale. The meeting has been rescheduled for 19th February 2016 and a Board to Board meeting is scheduled for March 2016. DT advised that when the information and data is received it will be shared with Governing Body members.

JE advised that she did feel that she had assurance of the timescales and process but did not feel assured now that the meeting had been postponed. DK confirmed that it was only the timescale for the data to be received that has changed including data around whether Meeting the Challenge could be safely brought forward.

DK advised that the data could be looked at internally when received prior to the Board to Board meeting in March 2016. JE commented that there was an expectation that there was going to be a follow up meeting where information that was due by the end January 2016 would be shared with the same people so that it could be considered in relation to commissioning. DK suggested that the data be provided for assurance at the GB Development Session on 24th February 2016.

ACTION – HES to include an item at the GB Development Session on 24th February 2016 in relation to the data received in response to the Commissioners Summit.

The GB

- **RECEIVED and NOTED the contents of the Quality and Safety Report.**
- **Were satisfied that the paper provided ASSURANCE.**

NKCCGGB/15/128

Chair and Chief Officer's Report

The Chair tabled the report as provided with the addition of two items to note:

(a) MSK paper

The Chair noted that the Quality, Performance and Finance Committee had made a recommendation in relation to the development of the community musculoskeletal (MSK) service. The Chair advised that as the GB would not be quorate in terms of non-conflicted members we would be unable to make a decision. The paper would be discussed at a future GB meeting.

(b) GB Papers

The Chair reminded attendees that in an effort to reduce waste and improve efficiency, printed copies of the GB papers will only be made available upon request. Details of how to request a printed set of GB papers will be included on the agenda which is made available on the internet.

DT queried if this GB meeting would be Chris Dowse, Chief Officer's last meeting. DK advised that it would. The GB formally thanked Chris Dowse for her work over the last three years taking North Kirklees CCG to where it is today and wished her well for a long and happy retirement.

KB raised that in relation to engaging local people, that there is a page on the North Kirklees CCG website that she would encourage people to look at and provide feedback.

The GB:

- **RECEIVED and NOTED the contents of the Chair and Chief Officer's Report for information.**

NKCCGGB/15/129

Performance Report

KW presented the North Kirklees CCG's performance report for the reporting period for October 2015. The Performance Report highlighted areas of escalation recommended by the Quality, Performance and Finance Committee (QPFC) on 16th December 2015 and 20th January 2016.

The GBs attention was drawn to the sections covering the key NHS Constitution Standards:

- A&E 4 hour wait
- 18 weeks referral to treatment (RTT) – incomplete standard

KW advised that action plans are in place to address under performance. However the QPFC were not assured by the recovery plans in place and asked for this to be escalated to the GB. KW advised that she met with Wakefield CCG as the Lead Commissioners who had expressed the same concerns. This has been escalated to NHS England at a formal meeting in January 2016. NHS England have provided assurance that these concerns have been escalated to the TDA.

JE queried when feedback will be received on the escalation. KW advised that the next assurance meeting with NHS England was scheduled for 19th February 2016.

DT thanked KW for the detailed report. DT advised she felt assured that the right actions have been taken over the last 12 months by the QPFC and GB regarding the deteriorating position. KW advised that the process and procedure has been formally accessed by NHS England and assurance was given that the CCG are doing everything possible. HES queried if the question can be raised with NHS England at the assurance meeting scheduled for 19th February 2016.

ACTION – DK to raise at the assurance meeting on 19th February 2016 and the GB Development Session on 24th February 2016.

DT queried the achievement of the 62 day cancer target and the concerns of the CCG regarding this target. KW advised that the minimum standard was not currently being met.

In relation to ambulance handovers at MYHT, DT advised that it is recognised by the MYHT Quality Board that there hasn't been an achievement around this. However, there was assurance at the MYHT Executive Quality Board that patients are being prioritised in ambulances and those that need to be escalated are placed in a bed. DK advised that a response is expected at the next MYHT Quality Board meeting.

JE advised that she felt the concerns that are raised at QPFC were also raised at the Commissioning Summit and we are awaiting feedback. NG advised that he agrees with JE that when the QPFC weren't assured it has been escalated.

THE GB:

- **NOTED the North Kirklees CCG performance report for the reporting period October 2015, against the key outcomes and measures for 2015/16.**
- **NOTED the items escalated by the Quality, Performance and Finance Committee.**
- **APPROVED the action being taken to address areas of under/over performance.**

NKCCGGB/15/130 Finance and Contracting Report

DF presented this report and assured the GB that the CCG has identified risks to the delivery of the financial position and has also identified mitigations and actions to offset these.

The forecast reported in the paper shows month 9 as reported to the Quality, Performance and Finance Committee on 20th January 2016. The report showed that income was on target with expenditure broken down into programme costs and running costs. Running costs were on budget with a planned surplus. DF advised that the areas of financial pressure for Continuing Healthcare and prescribing which are over budget by £1.9M. DF advised that the CCG was on target to reach its statutory duties but there are still risks.

DF identified the under achievement of the QIPP plan in 2015/16. The GB noted that detailed discussions have started with NHS England on the financial position for 2016/17. This relies on a QIPP of £13.2M.

NG queried if the achievement of target for 2015/16 includes the potential under trade with MYHT. DF confirmed that it did and that conversations with MYHT are ongoing.

DK advised that to achieve this, the CCG would need plans of at least £20M QIPP. DF advised that it is important that discussion takes place with neighbouring CCGs, so that QIPP plans dovetail across the footprint. DK advised that the strategic discussion on the agenda is about working collectively.

DF commented that he felt that how we achieve the QIPP challenge should be a priority for discussion at the GB Development Session on 24th February 2016.

NG commented that he felt it should be a continuous 12-18 month strategy. DF agreed that it should not be just about the next financial year starting in April 2016, that it needs to be about business planning and a rolling 24 month horizon.

The GB:

- **Were ASSURED that the CCG has identified risks to the delivery of the financial position and has identified mitigations and actions to offset these.**
- **SUPPORTED the ongoing work to address the identified risks.**
- **To DISCUSS at the GB Development Session on 24th February 2016.**

CR presented this item and informed the GB of work undertaken to provide assurance that North Kirklees CCG are working hard with colleagues and the Kirklees Safeguarding Adult's Board to apply the principles.

CR advised that the Care Act brought a number of changes. The Safeguarding Adults Board is now a statutory function. The Annual Report details the work done on service specifications through to safeguarding reviews with the safeguarding adults agenda growing day by day.

DK noted that the report had been considered at the Quality, Performance and Finance Committee (QPFC) meeting on 20th January 2016.

DT queried if there was there anything more as a CCG that could be done to support the Safeguarding Adults role, recognising how big the agenda was. CR advised in relation to serious case reviews where there needs to be a management review of a General Practitioner. NHS England will no longer be funding an independent reviewer and concern was raised how this will be done in the future. DT advised she would have a conversation with JH and DK regarding the changes and ensure a GP lead is identified.

ACTION – DT to speak to JH and DK regarding the changes in relation Safeguarding Adults serious case reviews and ensure a GP lead is identified.

DT queried what would be identified as the priority areas for Safeguarding Adults in the next year. CR advised the need for an independent reviewer, processes for the court of protection applications and deprived of liberties. DT advised a paper would be considered at the QPFC meeting on 17th February 2016 on the court of protection applications process.

JE queried in relation to the deprivation of liberty and the number that had not been granted. CR advised the decision is made by the Local Authority whether there is a deprivation or there may be a change in services so there was no longer a deprivation. DT advised there was a focus on deprivation of liberty after a CQC inspection which has seen a higher level of referrals to the Local Authority.

CR advised there was specific case law that looked at the threshold of what is considered a deprivation of liberty which changed. This has impacted on the increase in numbers.

The GB:

- **RECEIVED and NOTED the Kirklees Safeguarding Adult's Board Annual Report 2014/15.**

Strategic Discussion – Planning 2016/17: Development of the Sustainability and Transformation Plan (STP)

DK presented the item for discussion outlining that the planning for 2016/17 is the first year of the Sustainability and Transformation Plan (STP) which is a five year plan. The strategic discussion would be around how North Kirklees CCG (NKCCG) deliver and develop the system across the area with place based budget and funding of three year set amounts and a two year indicative amount.

DK advised that under STP, health and social care are coming together with a blueprint across the sector that is based around local population and a shared view. There will be an umbrella plan across the system with some local place based plans. NKCCG need to come together with neighbouring commissioners and providers to include all aspects of commissioning in one plan.

DK advised that final submissions are due in June 2016 and assessment of the plans will take place in July 2016. Submissions will be assessed on scale, showing that they have a clear and compelling story, and that they are sustainable for the future. It is important that we develop a clear and credible STP as this will be the access route to central funding.

DK advised that a variety of meetings have taken place to articulate what is in the guidance in relation to the STP footprint. The Primary STP is based around the health and wellbeing footprint of NKCCG and Greater Huddersfield CCG (GHCCG) which will feed into the Secondary STP. There are nine 'must dos' in the STP which need to be articulated.

DK advised that there have been a number of discussions with Wakefield CCG (WCCG) in relation to areas of joint working across the acute footprint. This could lead to a role across both CCG's.

DK advised that the areas for the GB to consider under STP are how do we close the health and wellbeing gap, how do we drive transformation, and how do we close the finance and efficiency gap.

DT advised that joint work is already taking place around areas of quality and she was confident of the work that NKCCG does with WCCG and that she liked the idea of a joint Accountable Officer (AO) position so that there is one point of contact. DT noted that the quality agenda is not just West Yorkshire and that some of the joint work needs to be different. There has been a lot of work done around care homes but there is still a lot to do around the nursing workforce.

DK commented that a single point of contact was important for an acute trust.

SM noted that an STP requirement is to have a prevention plan and provides real opportunities of how we work in a collective way for the future looking at what we do over the footprint.

KG commented that she felt it is really important that a joint AO role is established because a lot of the prevention work goes under the Local Authority and CCGs do not always have a full understanding.

JH commented that what resources and expertise the person brings with them is important as well as what we can provide back and by reflecting on difficulties NKCCG have experienced over the last 3 years it may provide some areas to explore further and identify some solutions. JH noted that discussion has been focused on Mid Yorkshire Hospitals Trust (MYHT) but there are other contracts that other commissioners lead on.

DK commented that it should be a 12 month temporary solution to give flexibility.

CM queried if it was ambitious enough to deliver the transformation wanted over the next 5 years and if there was an argument to look at the whole footprint not just from a quality and delivery perspective but with the emphasis on the place based so we also look at assets in relation to buildings and if there is an opportunity to share capacity.

HES commented that it was important to get sign up to that ambition and transformation, maximising an independent agenda, how we can identify people on the pathways to ill health earlier, and enable that. HES commented that it was also important to look at how we are managing our estate and if we need more bricks and mortar, as well as developing our staff so there is resilience.

CM commented that it seemed the more innovative and ambitious the plan the more likely we are to get funding. DF commented that it needs to be ambitious. DK advised that it was unknown whether plans would be access on primary STP or under the umbrella. RM advised that more guidance should be received over the next two weeks.

NG commented that he felt what had been discussed was confusing and that assessment isn't being done around the acute sector and true place based commissioning issue. DK commented that it perhaps had not been articulated clearly enough in the presentation given. NG commented that if it wasn't articulated was that making it unviable and that it was important to recognise that the umbrella element may take NKCCG to the centralisation of services which are unlikely to be Dewsbury footprint.

DK commented that it was important to have a strong point of contact that was place based and that would be a Chief AO.

DF commented that if the package was enhanced it would allow NKCCG to achieve a true pathway of development and transformation.

NG commented that the risk would be a greater responsibility for an acute organisation that is facing challenges and that the CAO role should not be designated to an acute sector across true place based approach. DK commented that part of the role of a COA would be to turn the challenges around and add to NKCCG's place based plans.

RP commented that it should be place based not population and raised concern about the amount of capacity and energy that NKCCG gets drawn into in relation to acute rather than focusing on the place based approach.

DK noted that the discussion was not about a permanent post and that it is worth trialing for 12 months.

KB commented that it should be place based in North Kirklees including working collaboratively across the footprint to provide a seamless experience, with engagement teams working together to improve that. DK commented that NKCCG are supportive of working collaboratively with WCCG across the footprint.

NG commented that a place based approach should be implemented that requires mobilisation of providers.

DT commented that placed based commissioning is important and that as the COA is a temporary role for 12 months it could be a saving to release resource time capacity to work on other things.

DF commented that who is placed into the role was important and that it needs to be someone who is focused and hard lined to ensure both collaborative parties are represented. DK advised that the intention is for a job description to be drafted for both NKCCG and WCCG for consideration.

DK advised that a further conversation would be held in the private GB meeting as until the direction is clear it can't be articulated fully in the public meeting.

RM advised that a further discussion would take place at a GB Development Session. DK commented that further discussion would be had to strengthen a place based approach.

The GB:

- **RECEIVED the presentation and discussed the content.**
- **AGREED the next steps.**

Unconfirmed Minutes of NHS North Kirklees CCG (NKCCG) Extraordinary Governing Body Meeting held on 20th January 2016

NG advised that he circulated an email to GB members in relation to not restricting our focus to any organisation within our footprint. DK advised that conversations were initially focused on Local Authority but it was agreed at the Extraordinary GB meeting to open it neighbouring CCG's who have been written to.

NG commented that it needed to be someone who has a knowledge of the North Kirklees, even if they are not currently working in Kirklees. DK commented that without going out to national advert in the short term it was discussed and agreed with GB members to contact the Local Authority and neighboring CCG's in order to joint up health and social care locally. DK commented if there were concerns in relation to that approach that they should have been brought up at the Extraordinary GB meeting and that consideration at this meeting was whether the unconfirmed Minutes of the Extraordinary GB meeting were accurate.

JE commented that she felt the concerns had been raised by NG at the Extraordinary GB meeting and recommendation seemed unclear.

DK advised that the GB agreed to open it up to neighbouring CCG's as well as the Local Authority as a shared role with local commissioning partners.

DF commented that he felt it was agreed for a short term approach.

DK noted that it was recommended in the report for a joint integrated position. DK advised he had spoken at each of the four Cluster meetings where member practices are represented to articulate that NKCCG are looking for a short term solution for a joint post and that only one GP raised a concern. DK advised that the feedback received was that the direction reflected what they wanted.

RP commented that at the meeting there was debate around work done by the Good Governance Institute (GGI) and that the recommendation wasn't supported and that the GB should have been more specific around what organisations to approach.

DK queried if the GB was able to now articulate the specific organisations.

NG commented that it should not be restricted to any organisation and that it should be someone who has a local place based knowledge plus the other skills required and queried if there would be a disadvantage in the short term.

DT advised that one of the rationales for short term is the ability to test the role and commented that some individuals would have a notice period and may not be able to meet the 1st April 2016 requirement.

HES commented that the GB should consider which is the biggest risk, short term for 12 months or a gap in having someone in the role.

DT commented that it should be discussed with Human Resources as we would with any senior post.

HES advised that the GGI report which had wider stakeholder engagement recommended a one year post which was agreed by the GB at the Extraordinary meeting.

The Chair noted that the consensus of the GB was that is a temporary one year post.

DT agreed that the person needs to have a local understanding Kirklees, but felt the wider the position is advertised the better.

DK queried if Human Resources advice is need about who it should be extended to in order to find someone who understands Kirklees, for a short term role for 12 months that would be available to start on 1st April 2016.

DF commented that would affect NKCCG's assurance with NHS England if we apply for transformation funding and do not have a defined leader.

DK advised that the intention is to look at the development of a long term permanent post which will be done in parallel with the short term post.

JH queried if we had received feedback from NHS England in relation to the role. DK advised that feedback had been received informally from NHS England that they have requested to be involved in the recruitment and interview process and are supportive of the approach to consider a joint appointment.

JE commented that she felt there is a danger that the GB are trying to make a decision on searching wider but is still not clarifying what is wider.

RP commented that he felt at the Extraordinary GB meeting that the GB agreed that it should be someone with a commitment to knowledge of Kirklees; that the recommendation from the GGI for the role to be joint with the Local Authority as the sole direction wasn't agreed and that the GB wanted to look wider but did not sufficiently clarified where; and that it was agreed that it was for a minimum 12 month appointment.

NG suggested that expressions of interest be sought via the NHS Jobs website.

CM suggested that an expressions of interest advert be placed in the Yorkshire Post.

The Chair noted from the comments made that the GB wanted to seek advice from Human Resources on how expressions of interest can go out to further candidates within in a quick timeframe for the person to be in post by 1st April 2016.

ACTION – PP will discuss with Human Resources a wider search area, recognising that correspondence has already been sent to the Local Authority and neighbouring CCGs, and the practicality of advertising for a short term and will communicate details to GB members next week.

The GB:

- **Were ASSURED that the minutes of the Extraordinary Governing Body Meeting held on 20th January 2016 were a true and accurate record with the amendment of: -**
 - The final paragraph to read 'Following discussion there was a consensus at the meeting that the CCG would, with NHS England approval, seek a short term interim solution. That it should be someone with a commitment to knowledge of Kirklees; that the recommendation from the Good Governance Institute for it to be a joint post with the Local Authority as the sole direction wasn't agreed and that the GB wanted to look wider but did not sufficiently clarify where; and that it was agreed that it was a minimum 12 month appointment. Work would also commence, with the agreement of the membership, on the appointment of a permanent Accountable Officer to ensure the challenging commissioning agenda is delivered locally.'

NKCCGGB/15/133

North Kirklees CCG Planning Round 2016/17 - Governance and Assurance of Planning Template

RM provided an overview of the paper which was for assurance and sign off on planning submissions that NKCCG are required to make. RM advised that items would be brought to the Governing Body meeting on 6th April 2016 for decision with the exception of the Better Care Fund which delegated authority was requested for approval by the Quality, Performance and Finance Committee.

The GB:

- **RECEIVED the paper for assurance.**
- **AGREED to delegate authority to sign off planning templates in relation to the Better Care Fund to the Quality, Performance and Finance Committee.**

NKCCGGB/15/134

Primary Care Strategy 2016-2021

JH presented an overview of the Primary Care Strategy which is a five year strategy building on previous years covering North Kirklees CCG's ambitions around urgent care, planned care, and community services and forms a part of the transformation vision for Primary Care. Key challenges that we have for North Kirklees are how we make Primary Care in General Practice easily accessible to patients, with treatment by staff skilled who have had the right training, that we have the right number of staff, the right premises and infrastructure to deliver the services, reflecting on what that might look like to deliver a seven days a week service.

JH advised there has been extensive engagement both locally with member practices, local authority public health, the LMC, internally and much wider. The strategy was presented at the Quality, Performance and Finance Committee (QPFC) on 20th January 2016 and feedback provided has been addressed.

DT commented that she felt it was a fantastic strategy and noted that the implementation plans will go to QPFC.

DK queried if any particular comments were received at the GP forum. JH advised that the feedback was generally supportive with members wanting to know how GP's would be supported to deliver this large agenda. The amount of work general practices are experiencing is appreciated and considered around how we would implement change and it is key that we talk about place based commissioning.

JH advised that a number of other CCGs have been in contact to use this strategy as a blueprint. Positive feedback has been received from Greater Huddersfield CCG, they want to work with us collaboratively linking our clinical leaders which is important.

The GB:

- **CONSIDERED the attached strategy.**
- **RATIFIED the Primary Care Strategy 2016-21.**

NKCCGGB/15/135 Public Sector Equality Duty - Report

SMC provided an overview of the paper in relation to the Public Sector Equality Duty Report that is an annual statutory equality requirement. The report has been considered by the Senior Management Team and the Audit Committee.

CM confirmed that the report was considered by the Audit Committee on 27th January and will be reviewed annually to revisit the JSNA.

KB commented that as Equality specific duty was one of the CCGs statutory responsibilities, that the following be requested:

- An action plan, complete with timescales of progress made on the 3 equality objectives so far. These were agreed by the Governing body in 2013.
- Outcomes of the comprehensive review to ensure that these objectives are still appropriate to drive equality improvement in North Kirklees from 2016.
- A defined management oversight structure to guide and monitor ongoing progress.
- An updated position to the Governing body to be provided at an upcoming meeting.

KB queried in relation to the existing equality and diversity strategy can it be reviewed with a plan in place that is implemented with someone on the Senior Management Team taking ownership of the whole agenda. DT commented that it does not clearly fit into the governance structure and that a quarterly report used to go to the Governance and Corporate Affairs Committee for assurance. PP advised that it is now included on the Audit Committees workplan and the Audit Committee have now requested the inclusion of a quarterly update with discussions underway whether responsibility fits with Governance or Communications.

HES advised that it should be integrated into the planning process and a planning lead should be involved in the discussion. PP advised these items had been raised and conversations are in place.

The GB:

- **APPROVED the Public Sector Equality Duty - Report for publication.**

NKCCGGB/15/136 Meeting the Dementia Challenge in Kirklees

HES provided an overview of the paper and advised that after Carol's insight from the Patient Story about what it is like to be a carer of someone with dementia, it was hoped that the strategy will continue to improve services.

HES advise that the strategy is based on the expectations outlined in the Prime Minister's Challenge 2020 which is formulated around a number of service user statements. A large consultation process has taken place and there has been 18 key aspirations identified. The action and implementation plan is included within the strategy, which when implemented at a local level should result in significant improvements in the quality of

services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

DT advised that she had questions in relation to a more detailed implementation plan. HES advised that the questions could be considered as part of the development of the implementation plan.

JH advised that she felt the strategy document was not reader friendly. HES advised that there would be a further version available that provides a clear summary of the strategy for patients and carers.

The GB:

- **RECEIVED and APPROVED the Dementia Strategy.**

NKCCGGB/15/137 Commissioning Policy for Healthcare Interventions

EP provided an overview of the paper and advised the policy takes into account what is considered by applying five principals. EP advised that engagement had taken place with member practices, at the Clinical Strategy Group, via public engagement at the Annual General Meeting and other public forums and that the Communications team will continue to do engagement work over the next 12 months. EP advised that a policy will also be considered by the Greater Huddersfield CCG's GB with the proposal that there is a common approach.

HES advised that it will be included as part of the documentation for the consideration of business cases.

The GB:

- **APPROVED the Commissioning Policy for Healthcare Interventions.**

NKCCGGB/15/138 Governing Body Workplan

The GB NOTED the Workplan.

NKCCGGB/15/139 Governing Body Effectiveness and Performance

Due to time constraints the GB did not consider the effectiveness and performance of the Governing Body meeting.

NKCCGGB/15/140 Ratified minutes of the Quality, Performance and Finance Committee 18th November 2015 and 16th December 2015

The GB:

- **RECEIVED and NOTED the ratified minutes of the Quality, Performance and Finance Committee held on 18th November and 16th December 2015.**

NKCCGGB/15/141 Ratified minutes of the Health and Wellbeing Board 29th October 2015

The GB:

- **RECEIVED and NOTED the ratified minutes of the Health and Wellbeing Board on 29th October 2015.**

NKCCGGB/15/142 Any Urgent Business

None raised.

NKCCGGB/15/143 Date and Time of Next Meeting

Wednesday 6th April 2016, 09.00am – 12.30pm

Venue to be confirmed.

The Chair informed the GB that future dates will be published on the NKCCG website.

This concluded the content of the Governing Body meeting and the Chair declared the meeting CLOSED at approximately 12.52pm.

Chairman's Signature:

A handwritten signature in black ink that reads "D. Kelly". The signature is written in a cursive style with a long, sweeping underline.

Date: Wednesday 6th April 2016

AGREED ACTIONS
NHS North Kirklees Governing Body
Wednesday 3rd February 2016
9.00am – 12.30pm
Dewsbury Town Hall, Wakefield Old Road, Dewsbury WF12 8DG

Agenda Item	Lead Name	Action	Comments
<u>NKCCGGB/15/105 – Workforce Report (Mandatory Training)</u>	PP	PP to confirm that electronic notifications in relation to mandatory training due to expire will still be sent on a regular basis from the new online system.	The HR and L&D services have now been transferred over to Calderdale and Huddersfield Foundation Trust. Discussions are underway with regards the training and development process and included in the discussions has been the request to ensure electronic notification is sent out on a regular basis when their training is about to expire.
<u>NKCCGGB/15/127 – Quality and Safety Report (Nursing Staffing Summary)</u>	DT	DT to requested David Melia, Deputy Chief Nurse from MYHT to provide information on the Director of Staff Engagement post in his update at the Governing Body meeting on 6th April 2016.	Agenda item for Governing Body Meeting on 6 th April 2016.
<u>NKCCGGB/15/127 – Quality and Safety Report (Commissioners Summit)</u>	HES	HES to include an item at the GB Development Session on 24 th February 2016 in relation to the data received in response to the Commissioners Summit.	The time line and assurance process for the work has changed. Updates will be discussed through the CCGs governance processes
<u>NKCCGGB/15/129 – Performance Report</u>	DK	DK to raise at the assurance meeting on 19th February 2016 and the GB Development Session on 24th February 2016.	Raised with NHS England who were assured all appropriate action had been taken.
<u>NKCCGGB/15/131 – Kirklees Safeguarding Adult's Board – Annual Report 2014/15</u>	DT/JH/DK	DT to speak to JH and DK regarding the changes in relation Safeguarding Adults serious case reviews and ensure a GP lead is identified.	

<p><u>NKCCGGB/15/132 – Strategic Discussion – Planning 2016/17: Development of the Sustainability and Transformation Plan (STP) (Unconfirmed Minutes of NHS North Kirklees CCG (NKCCG) Extraordinary Governing Body Meeting held on 20th January 2016)</u></p>	<p>PP</p>	<p>PP will discuss with Human Resources a wider search area, recognising that correspondence has already been sent to the Local Authority and neighbouring CCGs, and the practicality of advertising for a short term and will communicate details to GB members next week.</p>	<p>The role was advertised in NHS jobs for two weeks and also other CCG's such as Doncaster CCG, Barnsley CCG, Basetlaw and Sheffield CCG. HR also contacted their counterparts to enquire if there was any interest.</p>
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