

**MINUTES OF THE NAViGO HEALTH AND SOCIAL CARE CIC
BOARD MEETING
HELD ON WEDNESDAY 19th JULY 2017
9.00AM AT THE HUB, HOPE COURT, THE WILLOWS ESTATE, GRIMSBY DN37 9LN**

ATTENDEES

Tom Hunter (Non-Executive Director Chair)
Jane Lewington (Chief Executive)
Simon Beeton (Finance Director)
Andrew Waterhouse (Non -Executive Director)
Janine Smith (Elected Staff Representative Non-Executive Director)
Mike Reeve (Operations Director)
Julie Salt (interim Elected Community Representative Non Executive Director)
Julie Gray (Company Secretary)

INVITEES

Paula Piercy (Senior Performance Analyst)
Lynsey Ford (Minutes)

Meeting -Held In Public

ACTION

1. Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting and apologies were received from Kathryn Lavery and Aamer Sajjad.

2. Quorum and Declaration of Interests

The Chair noted that as there were at least three Directors comprising an Executive Director and two Non-Executive Directors, including the Chair, the meeting was quorate.

The Chair invited the directors to declare any interests conflicting with agenda items to be discussed at the meeting. No conflicting interests were declared.

3a. Minutes of 26th April 2017

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

b. Matters Arising

CAMHS

A response has been received from Commissioners in relation to the unsuccessful bid for the CAMHS tender and concern was raised with regards the geographical element as it precludes applications from the South Bank. Although the response was unsatisfactory and unhelpful the Board agreed that having made their concerns known in relation to this tender that no further action or escalation of these concerns should be

undertaken.

4. Chief Executive Update

Discussed in the private part of the meeting.

5. Finance Report

The Board was informed that quarter 1 shows a surplus after tax and capital spend of £126k for the year 2017/18 and a surplus of £260k is forecast for the NAViGO group at year end.

The year to date position against the CCG contract is an underspend of £76k and a £240k underspend forecast at the end of the year. With regards the NHS England contracts, the Eating Disorder Service and Liaison and Diversion Service, a surplus in the sum of £30k is forecast.

The trading areas were discussed and the Board were advised that all trading areas are forecast to break even or better at the end of the financial year.

It was brought to the Board's attention that there is a £290k variance against the budget in relation to the corporate business development unit and it was questioned whether the original figure had been realistic. The Board was informed that the overspend was due to factors such as the estimated £90k tax bill, door access installation of £65k and £75k for licences for the mobile application.

OOA and PICU are underspending to date; however, three people have potentially been identified for placements.

A brief discussion took place in relation to the overall liquidity of the organisation and it was **AGREED** that the Finance Director explore the introduction of 60 days payment terms with large non NHS organisations.

The Board briefly evaluated the financial position compared to previous years and noted the positive position was due to the CCG investment, which has enabled the setting of realistic budgets for those services. Providing trading areas with Non-Executive Director scrutiny together with support and analysis was also noted as a contributing factor.

SB

6. Performance Report and CQUINS Report

Evidence has been submitted for quarter 4 and payment is awaited. Further evidence had been requested in relation to dual diagnosis and national results for the physical health audit; inpatient and Early Intervention figures had previously been low concerning blood test results.

Three national CQUINS have been identified for 2017/2018: improving physical healthcare to reduce premature mortality in people with SMI; cardio metabolic assessment and treatment for patients with psychoses; improving physical healthcare to reduce premature mortality in people

with SMI: collaboration with primary care clinicians and preventing ill health through risky behaviours (alcohol and tobacco). The Board was informed of the measures in place to meet the CQUINS including physical health assessments provided on the inpatient units (monitored through the dashboard) and an audit of Consultants' review letters to ensure cardio metabolic assessments are being completed. Additionally, with regards the improvement of physical healthcare, it was raised that information is not always forthcoming from Primary Care services due to data protection issues; an information sharing agreement is required. To meet the CQUIN concerning risky behaviours, intervention training is to be implemented and the ability to electronically record alcohol and smoking intervention has been introduced.

Local CQUINS comprise service user focused care planning, care pathways and risk identification and monitoring; means of alerting staff to service users living alone has been implemented as part of meeting the latter target.

Balance Scorecard

The percentage of people receiving psychological therapies for anxiety or depression has exceeded the targets for May and June; the number of people aged 65 years and over accessing the IAPT service is significantly higher than the national average. Brief discussion took place as to the reason for the high uptake and was thought to be attributable to service areas such as signposting elderly people to Open Minds and CBT being used as a treatment for early stage dementia.

The recovery rate for IAPs had dropped below target and annual leave is thought to be a contributing factor. It was questioned whether the summer holiday period would impact further and the plan to ensure the target is reached is to be sought from the Assistant Director of Community, Health and Wellbeing.

MR

Three of seven PbR indicators are red and the Board acknowledged that whilst work had been undertaken on PbR's initial introduction, no training had been carried out since and ought to be revisited.

SB

The Board discussed the increase in sickness rate, the vast majority caused by work related stress. The Head of Workforce and Development and the Assistance Director of Adult Services are devising an action plan to address the same; to be presented at a future Board meeting.

7. Revalidation

The annual revalidation report was received by the Board and the Chairman was authorised to sign the statement of compliance on its behalf.

TH

8. Committee Summaries

a. Membership Board

Membership strategy has been approved in principle, however, due to

the low attendance at the meeting, it will be voted upon on the next meeting. Funding has been received from Engie to purchase three bikes, improve cycle stores and produce travel plans as part of their scheme to reduce the carbon footprint.

b. Mental Health Act Subcommittee

The Board was informed there had been difficulty in obtaining advocacy support for service users and that accessibility has now improved.

A general discussion took place with regards the dissemination of actions arising from the subcommittees across the organisation. It was **AGREED** **MR** that the same ought to be communicated at Band 7 meetings and relayed to their staff.

c. Financial Governance

Internal auditors have provided significant assurance overall and a discussion ensued in relation to their restructure from East Coast Audit Consortium to AuditOne and whether it would affect the organisation. It was **AGREED** **SB** to keep the same under review.

NHS Protect have indicated that there is room for improvement in terms of communicating anti-fraud, bribery and corruption throughout the organisation. **SB**

d. Practice Clinical Governance & Quality Governance

The serious incidents are a separate agenda item for discussion in the private part of the meeting and the Operations Director reassured the Board there were no further issues to be drawn to the Board's attention.

e. Gardiner Hill Foundation

A couple of the items donated by the charity were discussed.

Subsidiary Summary

Health and Wellbeing Partnership LLP

The partnership has yet to undertake any collaborative work and the Board was in agreement that there needs to be a lead.

9. AGM Update

The Board was informed of the plans for the two day event beginning on 20th September at the Humber Royal Hotel in Grimsby. The first day is in a similar format as in previous years and the second day is a networking event.

20th September

The three seminars are: WHise, Poetry readings and Star wards and include service users recalling their experiences through the use of poetry. The keynote Speaker is Clarke Carlisle, former professional football player and former Chairman of the Professional Footballers' Association. The projects of the year comprise a driving school, WHISE and Safe Place.

21st September

A ticketed event which is open to the public and free of charge. The Chairman and Chief Executive are to review the stakeholder list.

TH/JL

Signed



Tom Hunter (Chair)