

Approved 3 May 2016

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 1 March 2016 in the Boardroom, Blackpool CCG

Part I

- Present:
- Mr R Fisher, CCG Chairman
 - Dr M Williams, GP Member/Vice Chairman
 - Dr A Doyle, Chief Clinical Officer (excluded from GB43/16) (did not return to the remainder of the meeting)
 - Mr D Bonson, Chief Operating Officer
 - Mr G Raphael, Chief Finance Officer
 - Mr A Harrison, Chief Finance Officer, Fylde and Wyre CCG
 - Ms H Skerritt, Chief Nurse
 - Mr D G Edmundson, Lay Member
 - Mr C Brown, Lay Member
 - Mrs C McKenzie-Townsend, Lay Member
 - Dr S Green, GP Member
 - Dr L Rudnick, GP Member
 - Dr S Singh, GP Member
 - Dr M Martin, GP Member
 - Dr C Augustine, GP Member
 - Dr S Fairhead, GP Member
 - Mr N Alizai, Secondary Care Doctor
 - Dr A Rajpura, Director of Public Health
- In Attendance:
- Mr A Jude, Director of Ambulance Commissioning
 - Mr G Cain, Chairman, Health and Wellbeing Board
 - Miss L J Talbot, Secretary to the Governing Body
 - Mrs H Lammond-Smith, Head of Commissioning (for 42/16)
 - Mrs C Grant, Divisional Commissioning Manager, Blackpool Council (for 42/16)
 - Mr S Gornall, Head of Primary Care Development (for 43/16)
 - Ms A Kerfoot, Director of Procurement, Shared Business Service (for 43/16)
 - Dr M Johnston, Deputy Chief Operating Officer (for GB44/16 and GB45/16)
- Public Attendees:
- Ms L Hoyle, Novo Nordisk
 - Ms M Ibbs, Non-Executive Director, Blackpool Teaching Hospitals NHSFT
 - Mr P Sutherland, Account Manager, GlaxoSmithKline

The Chairman introduced Mr Harrison, Chief Finance Officer, Fylde and Wyre CCG. Mr Harrison would also be working across Blackpool CCG as the Chief Finance Officer when Mr Raphael takes up his role as Chief Finance Officer for the Healthier Lancashire Programme.

GB34/16 Apologies for Absence

No apologies received.

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GB35/16 **Declarations of Interest Relating to the Items on the Agenda**

RESOLVED: That the interests declared by members of the Governing Body as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:

<http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/our-governing-body/>

That whilst it was recognised that the meeting was held in public, Dr Doyle would be excluded from the discussion relating to the **Unscheduled Primary Care Procurement** in order that she does not provide any influence to decisions.

GB36/16 **Minutes of the Meeting held on 12 January 2016**

RESOLVED: That the minutes of the meeting held on 12 January 2016 be approved as a correct record.

ACTION: LJT

GB37/16 **Matters Arising**

- (a) **GB08/16 QIPP Programme 2015/16 and 2016/17** – Previous discussion had been held as to what input secondary care had into controlling prescribing costs. GPs were still seeing prescriptions coming through from the Acute Trust and it had been suggested that a letter be sent to the Chief Executive of Blackpool Teaching Hospitals to clarify the position. Mr Bonson informed members that a letter had not yet been sent however, a discussion had taken place which would be followed up with a formal letter to the Trust regarding specific areas.

ACTION: DB

Members were informed that there was also a contract with Lancashire Care NHSFT as the lead on prison health in respect of Pregabalin.

- (b) **GB12/16 Performance Report Summary** – Clarification had been sought as to what “other referrals for a first out-patient appointment in general and acute specialities where the performance had increased by 9.96%” related to within the report. Ms Skerritt informed members that this related to allied health professionals.

GB38/16 **Chairman's Communications**

- (a) **Healthy New Towns** – NHS England had announced plans to create 10 NHS Supported Healthy New Towns across the country covering more than 76,000 new homes with the potential capacity for approximately 170,000 residents. Whyndyke Farm had been selected as one of the ten healthy new towns. Whilst it was recognised that this was situated within Fylde, the patch crosses the boundary into Blackpool.

GB39/16 **Performance Reports:**

- (a) **Finance Dashboard** – Mr Raphael spoke to a circulated report and highlighted the following:
- The financial position for the year to date was a deficit of £0.133m. This represented an overspend of £2.2m against the planned position and was similar to the position reported at month nine. Members were informed that Acute spending at Spire and Blackpool Teaching Hospitals remained higher than expected and we were continuing to anticipate achieving a surplus of £0.56m by the end of March.

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- There remained a number of significant risks within the position such as the delivery of the remaining QIPP and the agreement of a number of outstanding issues with Blackpool Teaching Hospitals which were under discussion. It was commented that this will make the delivery of the forecast surplus by no means certain and the opportunity to identify and realise further mitigations were now very limited.
- Continuing healthcare expenditure was well below the budget.
- Prescribing expenditure had been reducing since September and it was anticipated that we would continue on that trend. Dr Rudnick made reference to a letter received from the CCG to GP practices asking them to reduce the 56 day prescribing to 28 days by the end of March. It was commented however, that this was a national directive and related to very few patients. Mr Bonson would check this with the prescribing team. Dr Fairhead commented that there were only two practices with 56 day prescribing. Mr Harrison commented that there would be an opportunity to adjust this in the accrual process within the CCG accounts for 2015/16. This would be discussed with the auditors.

(b) **Contracts** – Mr Raphael spoke to a circulated contracts dashboard for all providers and Blackpool Teaching Hospitals. In respect of all providers, the number of non-electives spells was broadly in line with the plan. GP referrals were reducing however, they would not have an impact on 2015/16. It was noted that electives spells were increasing.

(c) **GP Referrals** – Mr Raphael made reference to the Blackpool CCG GP referral report as at month nine. He made reference to GP referrals at Blackpool Teaching Hospitals and in particular, the top five increasing and decreasing GP referrals at the hospital compared with the same period at the previous year. Discussions were being held with all practices in the neighbourhoods regarding referrals.

A question was asked as to the reasons regarding the increasing in ophthalmology referrals. A review had been undertaken and the service had changed. Referrals had increased half way through the year.

(d) **Performance Summary** – Mr Raphael spoke to a circulated report which provided members with assurance in relation to the indicators outlined in NHS guidance for commissioners. The measures reported in the guidance included those within the CCG assurance process for 2015/16 along with a number of additional indicators. Mr Raphael informed members that December and January had been difficult periods for all providers.

Ms Skerritt commented that two never events had been identified and were being thoroughly investigated. They had occurred in the previous month and were not new. There was a common factor.

RESOLVED: That members receive the performance reports.

GB40/16 Fylde Coast-wide Work Programme

Mr Bonson explained that whilst there was a history of collaboration and good relationships, system alignment and scale required more focus. The presentation covered the McKinsey review, programme issues, recommended work programmes, the vision – Fylde Coast approach and, the next steps. Leadership roles would need to be clarified in respect of the Senior Responsible Officer, Clinical Leads and the Programme Manager. Mr Bonson commented that programme management arrangements would need to be identified and the Fylde Coast governance arrangements agreed with agreed functional areas of collaboration. A copy of the presentation would be circulated to members.

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RESOLVED: That members receive the Fylde Coast-wide Work Programme.

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GB41/16 **Planning 2016/17**

(a) **Operational Plan 2016/17** – Mr Bonson gave a presentation in respect of the Operational Plan for 2016/17. He reminded members that NHS organisations are required to produce an Operational Plan for 2016/17 and a Sustainability and Transformation Plan (STP) covering October 2016 to March 2021. The presentation provided information on the requirements of the Operational Plan and the timescales. In respect of the proposed new CCG assessment framework for 2016/17, the CCG will receive a headline annual assessment for four key areas:

- Better Health
- Better Care
- Sustainability
- Leadership

The headline assessment will be one of four ratings:

- Outstanding
- Good
- Requires improvement
- Inadequate

In addition, the CCG will have an annual individual assessment in each of the six clinical and priority areas:

- Mental Health
- Dementia
- Learning Disabilities
- Cancer
- Diabetes
- Maternity

Mr Harrison commented that it is the CCG's responsibility to make a difference and ensure we undertake the work locally. Dr Rajpura made reference to the budget cuts at the Council, particularly around employment and housing. The Council does not have the same level of money available as in the past. Dr Doyle commented that we would need to look at how we deliver services differently.

(b) **Sustainability and Transformation Plan (STP) 2016/21** – Mr Bonson gave a presentation on the STP which covers all CCG and NHS England commissioned activity and better integration with local authorities. It will also be a system-wide financial sustainability plan and will be assessed on quality including scale of ambition and track record, reach and quality of local engagement, system leadership and NHS England's confidence in arrangements. The STPs will be on a Lancashire and South Cumbria footprint. Nationally, there are 42 STP footprints. Locally, Dr Doyle would be leading on the Healthier Lancashire Programme across Lancashire and South Cumbria to deliver the STP. By the end of June there is a requirement for a plan to be in place covering all of the requirements for five years which would bring organisations back into financial balance. It was recognised that this was an enormous piece of work to be undertaken. Mr Edmundson asked where the incentive for the provider is to support the transformation of services if they can receive "bail out" funding and not transformational funding. Dr Doyle commented that access to transformational funding will be on a system basis, not through organisations. She explained that because of our geographical area, there was a balance as to what we have in our locality. She also explained that working as a system would

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mean that we can address the issues on a system-wide basis. This would ensure that not one of our providers will be unsustainable. Members noted the ongoing work in respect of the Operational Plan and the STP, the funding allocations and the key dates and timescales to be achieved.

(c) **Financial Plan 2016/17** – Mr Harrison took members through a presentation in respect of the 2016/17 Financial Plan. The presentation provided information on:

- The outline financial planning guidelines
- Business rules
- National context comparators
- Local summary
- Local analysis
- Next steps and governance

Mr Harrison informed members that Fylde and Wyre CCG has a financial surplus. Consideration needs to be given across the health economy if Fylde and Wyre CCG were not to spend their surplus.

Mr Harrison informed members that 2016/17 will be a very difficult year to manage financially. Dr Rajpura also made reference to the additional pressures within public health as the Council make further budget cuts. Dr Doyle also commented that there is a possibility that we could be in the position of very little funding being made available for the Vanguard and this would also need to be taken into consideration.

(d) **QIPP Update** – Mr Bonson gave a verbal update in respect of the QIPP. Mr Edmundson had Chaired a challenge and review meeting earlier in the day in order to ascertain the current position in respect of the QIPP. The discussion had assisted colleagues in firming up processes particularly for 2016/17 and to consider what had worked well and what had not worked. It was commented that there are areas we are confident would be delivered and there would be new schemes coming on board. The Vanguard would need to deliver and there was confidence to achieve the £5.6m. There would also be other schemes that were not yet scoped. NHS England had put a lot of faith into Right Care and further discussions would be held at the CCG's Governing Body Development Session in April. A programme would be submitted to the Governing Body in due course with regular updates on progress.

RESOLVED: That members receive the planning updates.

GB42/16 Children's Emotional Health and Wellbeing Transformational Plans

Mrs Lammond-Smith introduced Ms Grant from the Council who gave a presentation on the Children's Emotional Health and Wellbeing Transformational Plans which were submitted to NHS England in October 2015 and signed off in December.

A Vision workshop had been held with key stakeholders in December and an action plan had been developed which would be circulated for partner sign off. A governance structure had also been developed. Ms Grant took members through the financial aspects of the plans along with the generic themes for all service areas. She also took members through the current delivery model and mapping work that had been undertaken at the workshop. Ms Grant informed members that the intention was to put a named CAMHS worker in all schools in Blackpool and across Lancashire. They will support the schools to build up resilience. It was recognised that some children need support but not necessarily to CAMHS. Mr Raphael asked if this service would be the same across Lancashire

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and Ms Grant commented that work was taking place in trying to ensure that each young person receives a minimum offer across Lancashire. It was recognised that Blackpool has Better Start and Head Start and also has Big Lottery funding available. It was important that the service is provided in a certain way.

Dr Doyle sought clarification as to whether some of the other children's services commissioned were aligned with this as it did not appear to make sense to improve through schools when other services are announcing commissioning intentions to reduce school nursing and health checks on Looked After Children. Dr Rajpura commented that whatever remains in the resources would be looked at. Ms Grant commented that it was alignment and that all of the services go through the same governance structure.

Members conveyed their thanks to Ms Grant for a very informative presentation and both she and Mrs Lammond-Smith left the meeting.

GB43/16 Unscheduled Primary Care Procurement

RESOLVED: That Dr Doyle be excluded from the discussion in order that she does not influence the discussion and decision.

Mr Gornall and Ms Kerfoot joined the meeting.

Members were reminded of the background and the work that had taken place in respect of the unscheduled primary care procurement.

Mr Bonson introduced Ms Kerfoot, Director of Procurement at SBS who provided a brief background to the Unscheduled Primary Care Procurement. The report appended with the papers provided information on the Urgent and Emergency Care Review, Unscheduled Primary Care Procurement Board, the integrated Urgent Care Model Specification, Contract Model, Procurement Route to commission (and the selection of) the most capable provider. Ms Kerfoot informed members that market engagement should be transparently undertaken to determine the best route to awarding contracts. This would demonstrate whether in fact there is compelling evidence to undertake a competitive process or whether little additional benefit could be obtained to justify such an approach.

Mr Harrison informed members that Fylde and Wyre CCG Governing Body had supported the proposals the previous week as a joint approach.

Following discussion, it was,

RESOLVED: That Governing Body members:

- **Note the work undertaken to date to comply with national standards for Urgent and Emergency Care.**
- **Support the Clinical Leadership Team's recommendation for a thorough market engagement to determine the most appropriate route to award the contract.**
- **Agree that at this stage, they were unable to support the Clinical Leadership Team's recommendation for the model specification to be approved until such time that the Governing Body had considered the specification which would take place at a meeting later in the day.**

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Mr Gornall and Ms Kerfoot noted the comments made in respect of the recommendations and would await further clarification on the service specification once discussions had been held. They left the meeting.

GB44/16 **Blackpool Enhanced Primary Care**

Dr Johnston spoke to a circulated report and informed members that as part of Blackpool CCG's ongoing development of the Fylde Coast new models of care and of the Vanguard Programme, the CCG had developed a service description for Enhanced Primary Care (EPC) and appended with the summary was a document which described the key components of the new system. The EPC would provide an enhanced level of clinical and social support provided in a community setting through the integrated neighbourhood teams. Members noted that the teams would comprise of a range of services and provisions, some of which were already delivered but not integrated across Blackpool. The provision would combine GPs, practice staff, community and specialist health staff working together to enable individuals to receive a high level of clinical and social support whilst remaining in a community setting.

Dr Green made reference to the timescales listed on page 19 of the report Dr Johnston explained that part of the Vanguard money is to develop Multi Community Providers (MCPs). Dr Rajpura questioned the principles of the MCP.

RESOLVED: That members note the progress in respect of the Blackpool Enhanced Primary Care.

GB45/16 **MSK Tier 2 Service Development**

Dr Johnston spoke to a circulated report which proposed that the CCG redesigns the existing muscular skeletal (MSK) Tier 2 Service to shift activity from secondary care to a community MSK Triage and Treat Service (Tier 2). He explained that evidence from other health economies include neighbouring Fylde and Wyre CCG, demonstrates that such a service would provide better value, quality and improved patient satisfaction. A project initiation document was appended with the summary and had been reviewed by the CCG's Executive Team and approved by the Clinical Leadership Team. It outlined the proposed redevelopment of the MSK pathway within Blackpool. Dr Johnston explained that the funding of the new service would be achieved within existing spending, utilising the current contract negotiations with Blackpool Teaching Hospitals NHSFT, shifting resources and funding from the acute part of the contract to the community. He explained that the change would be facilitated through engagement and communication with GP practices and initial discussions had been well received.

Dr Rudnick made reference to specific injections being undertaken by GPs for Tier 2. There were various injections being undertaken in primary care and figures were based on current practice.

Mr Raphael sought clarification as to whether there was an expectation that we would receive the cost back and Dr Johnston commented that there would be no costs but we would ensure that we do not double count this in the QIPP. Dr Johnston commented that MSK had been excluded from the Procedures of Limited Clinical Value.

Mr Harrison suggested broadening the recommendation within the report to make reference to capacity and working with existing PbR provider to remove capacity that we are recommissioning so that the services does not fill up with other patients. Ms Skerritt also commented that the Clinical Leadership Team had agreed that KPIs should be stranded around quality. Dr Johnston noted the comments made by Mr Harrison and Ms Skerritt.

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RESOLVED: That subject to the comments made being incorporated into the report, the Governing Body approve the MSK Tier 2 Service development report. ACTION: MJ

Dr Johnston left the meeting.

GB46/16 Statement of Principles, Policy for Considering Exceptionality to Commissioning Policies and General Policy for IFR Decision Making

Ms Skerritt spoke to a circulated report. In partnership with Midlands and Lancashire Commissioning Support Unit (CSU), Blackpool CCG had been working to develop and agree a framework which underpins the decision making of commissioning policies and individual funding decisions across Lancashire. Final drafts of the three framework documents were appended with the report which were:

- The Statements of Principles
- The General Policy for Individual Funding Request Decision Making
- The Exceptionality Policy

Ms Skerritt informed members that engagement with the public had taken place with the statements of principles document via forums held in CCG areas and online surveys. The other framework documents were available on the CCG's website and engagement with Healthwatch was noted. The CCG was working closely with the Communications and Engagement Team and a press release was being arranged. The Executive Team and Clinical Leadership Team had considered the documents, supported the developments and had agreed the final content. It was recognised that sharing the same framework documents across Lancashire would ensure consistency in approach when processing individual funding requests and making funding decisions. Ms Skerritt also confirmed that full legal advice had been taken and there was consensus across the eight CCGs.

Mr Edmundson made reference to the Exceptionality Policy and explained that he would not want somebody turned down if the policy was flawed. Ms Skerritt agreed to take it away and refer back to the pan Lancashire Group. Ms Skerritt would clarify on the grounds that "it is flawed" following which, the policy would be resubmitted to the Governing Body if the wording was required amendment.

RESOLVED: That subject to Ms Skerritt checking further detail on the Exceptionality Policy, if the wording was amended, the document would be resubmitted to the Governing Body for approval. ACTION: HS

That the Governing Body approve the Statement of Principles and the General Policy for Individual Funding Decision Making.

Note the work undertaken and support the remaining work in relation to the development and review of clinical policies.

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GB47/16 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee:

(i) 19 January 2016 – Ms Skerritt informed members that the equality and inclusion update report that was due to be submitted to the Governing Body was now out of date and it had been recognised that the timing of reports submitted to the PPI Forum, the Quality and Engagement Committee and then the Governing Body as appropriate were out of sync. Work had taken place to ensure that meetings flowed in a more timely manner. Ms Skerritt informed members that the Equality and Inclusion Annual Report would be submitted to the next meeting of the Quality and Engagement Committee and then to the Governing Body.

RESOLVED: That members receive the minutes of the Quality and Engagement Committee meeting held on 19 January 2016.

(ii) Blackpool CCG Safeguarding Children and Vulnerable Adults Policy – Ms Skerritt informed members that the policy was due for review and had been taken through the Quality and Engagement Committee in January 2016 for recommendation to the Governing Body. The proposed amendments were highlighted within the policy and it had also been taken through groups across pan Lancashire for consistency with national and local guidance.

RESOLVED: That members approve the updated Blackpool CCG Safeguarding Children and Vulnerable Adults Policy.

(iii) Publication of a Serious Case Review – Child BV – Ms Skerritt explained that Blackpool Safeguarding Children's Board had published a local Serious Case Review (SCR) focusing on Child BV. The report had been shared and discussed at the Quality and Engagement Committee on 19 January 2016 which led to further discussion on whether the Governing Body would be required to see such reports. Ms Skerritt informed members that a good debate had been held by the committee and particularly as to where SCRs should be formally submitted. There was a recommendation for SCRs to be submitted to the Governing Body if there is a requirement for further action required by members. It was suggested that the lessons learned document should be submitted to the Governing Body recognising that there will be occasions in the future where it is not necessary for members to receive all reports submitted to the Quality and Engagement Committee.

Discussion ensued regarding the case of Child BV. There was nothing that could have or should have happened to prevent the death of the child. Work was taking place with services on how pathways could be improved. Ms Skerritt informed members that the report had been sent to all practices and linked to the Safeguarding Board website.

RESOLVED: That if lessons learned required action by the Governing Body and that there was a purpose and reason for submitting the reports, members were comfortable in receiving the documents for review and action. Prior discussion would be held at the Quality and Engagement Committee.

(b) Finance and Performance Committee:

(i) 26 January 2016:

RESOLVED: That members receive the minutes of the meeting.

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(ii) Information Governance Handbook – Following on from the Finance and Performance Committee meeting, an updated document had recently been circulated to all staff. The Information Governance Handbook brings together all additional information governance policies into one place providing CCG staff with guidelines in which to follow throughout their work. The Secretary confirmed that the Finance and Performance Committee had previously approved the handbook, therefore, there was no requirement for the document to be submitted to the Governing Body.

RESOLVED: That members note the action taken in respect of the Information Governance Handbook.

(iii) 23 February 2016 – Discussion and monitoring of the QIPP Programme had taken place.

RESOLVED: That the minutes of the meeting be received.

(c) Primary Care Commissioning Committee:

(i) 12 January 2016

(ii) 2 February 2016

RESOLVED: That the minutes of the meetings be received.

(d) Health and Wellbeing Board – 27 January 2016:

RESOLVED: That the notes be received.

(e) Lancashire Clinical Commissioning Groups Network – 17 December 2015:

RESOLVED: That the minutes be received.

(f) Collaborative Commissioning Board:

(i) 1 December 2015

(ii) 12 January 2016

RESOLVED: That the minutes be received

GB48/16 Any Other Business

(a) Safeguarding Adults – Ms Skerritt had circulated a booklet to all members which had been issued by NHS England in respect of safeguarding adults. A booklet regarding PREVENT was also circulated which aims to stop people becoming terrorists or supporting terrorism.

GB49/16 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 3 May 2016 at 1.00 pm in the Boardroom, Blackpool CCG.

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EXCLUSION OF THE PUBLIC

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

Minutes approved as a correct record.

CCG Chairman

Date