

Approved 7 March 2017

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 17 January 2017 in the Boardroom, Blackpool CCG

Part I

- Present:
- Mr R Fisher, CCG Chairman
 - Dr A Doyle, Chief Clinical Officer
 - Mr A Harrison, Chief Finance Officer
 - Mrs H Williams, Chief Nurse
 - Mr DG Edmundson, Lay Member
 - Mr C Brown, Lay Member
 - Mrs C McKenzie-Townsend, Lay Member
 - Dr M Williams, GP Member
 - Dr S Singh, GP Member
 - Dr S Green, GP Member
 - Dr M Martin, GP Member
 - Dr C Augustine, GP Member
 - Dr L Rudnick, GP Member
 - Dr A Rajpura, Director of Public Health (arrived from GB06/17)
- In Attendance:
- Mrs J Barnsley, Director of Performance and Delivery
 - Mrs Y Rispin, Director of Ambulance and NHS 111 Commissioning
 - Mr H Naylor, Head of Programme Management and Corporate Business (up to GB08/17)
 - Mrs H Lammond-Smith, Head of Commissioning (for GB12/17)
 - Miss L J Talbot, Secretary to the Governing Body.
- Public Attendees: Ms L Rose, GP Liaison Officer, Spire Fylde Coast Hospitals

The Chairman welcomed everybody to the meeting and wished them a Happy New Year.

GB01/17 Apologies for Absence

Apologies for absence had been received from Mr Bonson, Mr Alizai, Dr Fairhead, Mr Molyneux and Mr Cain.

GB02/17 Declarations of Interest/Conflicts 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/>

GB03/17 Minutes of the Meeting Held on 1 November 2016

RESOLVED: That the minutes of the meeting held on 1 November 2016 be approved as a correct record.

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GB04/17 **Matters Arising**

- (a) **GB154/16 – Lucentis** – Mrs Barnsley informed members that discussions regarding Lucentis were still ongoing with Blackpool Teaching Hospitals. Members were reminded that there had been a previous comment regarding the large increase in out-patient procedures and a response was awaited from the Trust as to the reasons why. ACTION: JB/DB
- (b) **GB163/16(d)(i)** – The Secretary informed members that the Audit Committee Terms of Reference had since been further reviewed following the self-assessment at the December meeting. Once the self-assessment report was finalised and taking into account any further changes to the Terms of Reference of the Audit Committee, they would then be submitted to the Governing Body for approval.

GB05/17 **Chairman’s Communications**

- (a) **Christmas Cards** – The Chairman informed members that CCG and CSU embedded team colleagues had donated to a charity instead of sending Christmas cards and had raised over £100. The money is in the process of being sent to Age UK Blackpool District and they have been made aware of this contribution and were delighted with the donation.
- (b) **Grange Park Surgery** – The GP practice had been re-inspected by the CQC who had categorised the practice as good.
- (c) **Health Scrutiny Committee** – The Chairman and Mr Bonson had attended a meeting of the Health Scrutiny Committee and had presented the Winter Health Plan. Also attending the meeting was the Sector Manager from NWS and the Deputy Director of Operations at Blackpool Teaching Hospitals. Mr Bonson also reported on the work of the A&E Delivery Board. The Chairman gave an overview of the issues discussed at the meeting and members of the committee were pleased with the presentation and information provided.

GB06/17 **Finance and Performance Dashboards – as Reported to the Finance and Performance Committee**

- (a) **Finance Report including 2016/17 QIPP Update** - Mr Harrison drew members’ attention to the Month 8 highlights within the report:
- The CCG met its planned financial targets.
 - The financial position at Month 8 was a £480,000 surplus which represented a £303,000 overspend against the plan. The year-end forecast showed achievement of £1.175m surplus (0.5%).
 - Reserves – £5.96m remaining, £1.81m unutilised. There was a contingency of £0.16m, general £0.42m and others £2.62m.
 - There was currently 1% headroom £2.76m uncommitted.
 - With regard to the QIPP position, there is a target of £6.4m net and reported £3.90m achieved year to date. There is currently a £5.14m forecast for the full year.
 - Running costs were on plan.
 - Better Payment Practice Code – NHS 99.5%/non NHS 99.5% by number of invoices.

Mr Harrison commented that we were still planning to be on track by year end. Reference was made to the QIPP report and in particular, the process for the year end forecast savings throughout 2016/17. Members were informed that Month 9 (December) had proved to be a difficult month and the data was awaited.

RESOLVED: **That members approve the report.**

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(b) **Performance Summary – October 2016 – Month 7** – Mrs Barnsley took members through the report and highlighted the following:

- **A&E Waiting Time** – During Month 7, there had been extreme pressure on A&E four hour waiting time.
- **Category A Ambulance Response Times and Handovers** – There had been improvements however, still below the target.
- **IAPT and Recovery** – Now on an upward trend.
- **Cancer Waiting Time Targets** – During Month 7, there had been some breaches of cancer waiting time targets. Some of the cancer waiting times related to patient choice and patients missing appointments such as taking a holiday. This was being monitored by the Finance and Performance Committee and it had been commented that if a patient takes a holiday that their appointment could be allocated to another patient. This continued to be monitored.
- **Referral to Treatment** – There had been a slight deterioration on the RTT targets.

Due to the recent national pressures, Mr Edmundson asked for an update on performance in general. Dr Doyle asked members to take the report presented to them with some caution commenting that the Month 8 and Month 9 reports will show a worse position. She commented that there had been a lot of national stories which were probably not over stated or exaggerated. There have been and continue to be enormous pressures in the system. Safety was the main issue and over the last two to three weeks there had been a huge number of patients waiting on trolleys. There were a number of issues which exacerbated this including the transfer of patients into social care packages. There were also long handover times of patients for ambulance staff which then compounded the problem with Ambulance Services. Dr Doyle informed members that we are seeing a steep rise in very unwell respiratory patients and this had triggered the flu threshold. All elective surgery had been cancelled with the exception of cancer. The hospital is full of medical patients. The pressures on staff were recognised and NHS England is trying very hard to address the issue. Dr Doyle reiterated that the situation is as bad as it is painted however, there were no concerns in respect of safety at the current time. Mr Harrison commented that there were no more A&E attendances this year than last year. He further commented that it is a complexity issue rather than numbers and there are a lot of ill patients who need beds.

Dr Rajpura arrived at the meeting.

Mr Edmundson commented that we need to assure the public on what we are doing and to set out what we have done to address the pressures. Dr Doyle commented that we are managing better locally in comparison to other areas across the country.

RESOLVED: That members receive the report and note the update in relation to hospital pressures.

(c) **Contracts – October 2016** – Mrs Barnsley spoke to a circulated contract dashboard and commented that there had been a continued trend from Month 6. She would expect to see high increases in Month 9 in A&E and non-elective admissions.

RESOLVED: That members receive the report.

(d) **GP Referrals – October 2016** – Mrs Barnsley spoke to a circulated report and informed members that at Month 7, we were 9% below the position compared to the previous year. This had been reported in the GP Plus information. We have seen reductions in referrals to orthopaedics and dermatology

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due to the new enhanced Tier 2 Service. Dr Doyle commented that NHS England recognised this and had asked other CCGs to look at what Blackpool had undertaken to address this.

Mr Brown commented that we should be asking that where the referrals have gone down, where are those patients and where are they being treated? Dr Doyle commented that a number of them are patients who are informed that they cannot be referred and will not have the procedure. Dr Williams commented that GPs assess patients beforehand to ensure that there are no negative outcomes. Mrs Williams commented that ongoing monitoring in respect of complaints etc. is undertaken and we have not received any adverse comments to report back than already anticipated.

RESOLVED: That members receive the report.

GB07/17 Governing Body Assurance Framework

Mrs Williams and Mr Harrison spoke to a circulated report. Since the Governing Body meeting in November, the Executives and Deputies Team had reviewed the Governing Body Assurance Framework/Risk Register (GBAF/RR) recognising that further work needed to be undertaken in further refining the document. The full CCG Risk Register had undergone an in-depth review to ensure risks are described accurately and risk scores are at appropriate levels. Gaps in assurance sources and mitigating controls had also been updated. The document is monitored by the Executives and Deputies Team on a bi-monthly basis.

Further work was underway to align the GBAF with the NHS England CCG Improvement and Assessment Framework for 2016/17 and to link the CCG's risk to the four domains

- Better Health
- Better Care
- Sustainability
- Leadership

Members were reminded that a first draft of a Heat Map had been drawn up which was welcomed by Governing Body members. The Heat Map was appended with the documents and had been updated to reflect the January 2017 updates to the GBAF. It provided a graphical interpretation of the risks scoring 12 and above on the GBAF. Discussions had been held in respect of finance and other issues and Mrs Williams asked members if there were any other areas that they felt needed to be picked up to inform the Executives.

Mr Harrison informed members that discussions had been held regarding financial control, QIPP and contract over performance.

The Chairman commented that a huge amount of work had been undertaken in further refining the GBAF/RR. Members were pleased with the Heat Map which was very informative showing the initial rating, current rating and targets to achieve. More detailed discussion and review of the GBAF/RR would be undertaken at the January round of committee meetings to further refine the document with a view to bringing a final "live" document to the March meeting of the Governing Body for approval at year end. Going into 2017/18, work was taking place to align the GBAF/RR with the new Improvement Assessment Framework. Mr Brown commented that some of the risks had significantly improved and that clearly some good work had been undertaken which should be recognised.

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Mr Edmundson was mindful of the work pressures put upon staff and if the situation does not improve, there will be an implication on the workforce and retention and recruitment issues. Resilience of staff is being tested at present and this was recognised.

RESOLVED: That the Governing Body receive the Governing Body Assurance Framework and Risk Register and continue to support the risk management arrangements for the CCG.

GB08/17 Revised Managing Conflicts of Interest Policy (Incorporating Gifts and Hospitality)

Mr Naylor spoke to a circulated report and informed members that to support CCGs to manage the risks of conflicts of interest, NHS England had issued new statutory guidance which CCGs are expected to fully comply with or explain their reasons for deciding not to do so.

The draft Managing Conflicts of Interest Policy was appended with the summary which followed the new statutory guidance. Mr Naylor informed members that the CCG's Audit Committee had reviewed the draft policy at their meeting on 14 December 2016 and it was also reviewed by the Executives and Deputies Team and the Clinical Leadership Team.

Mr Naylor took members through the summary of the draft policy and in particular, highlighted the following:

- **Section 1: Introduction** – Notes the importance of effective handling of conflicts of interest, the statutory requirements and the aims of the policy.
- **Section 2: Definition of an Interest** – Defines the different categories of interest and gives examples.
- **Section 3: Principles** – Defines the principles of good governance that the CCG observes:
 - Perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
 - If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it;
 - For a conflict of interest to exist, financial gain is not necessary. Mr Naylor informed members that the new guidance and the new policy should be read in the context of the principles highlighted above.
- **Section 4: Declaring Interests on the Register of Interests** – Describes who has to declare interests, how they are to be declared and the Register that will be maintained. The Secretary to the Governing Body would be drawing up a new Register of Interests (noted that there is currently a Register published on the CCG's website).
- **Section 5: Register of Gifts and Hospitality** – Defines what gifts, hospitality and commercial sponsorship must be declared, how they are to be declared and a Register that will be maintained. The Secretary to the Governing Body would be drawing up a new Register of Gifts and Hospitality (noted that there is currently a Register published on the CCG's website). This section strengthens the rules.
- **Section 6: Publication of Registers** – Describes how the Registers will be published.
- **Section 7: Appointments and Roles and Responsibilities** – Describes when to declare secondary employment as an interest, notes that CCGs must consider interests when appointing Governing Body and Committee members, note the important role of Lay Members, the new role of the Conflicts of Interest Guardian and the role of the Primary Care Commissioning Committee Chair.
- **Section 8: Managing Conflicts of Interest at Meetings** – Describes chairing arrangements that the Chairs of the Governing Body and committees must follow and ensuring the effective

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management of conflicts of interest at every meeting, describes the arrangements and membership of the Primary Care Commissioning Committee. It was pointed out that the new guidance gives more detailed information on the arrangements and membership of the Primary Care Commissioning Committee and GPs will no longer have voting rights on the committee in the event of a vote being taken.

- **Section 9: Managing Conflicts of Interest Throughout the Commissioning Cycle** – Describes how conflicts of interest need to be managed throughout the whole commissioning cycle including designing service requirements, provider engagement, the procurement process including the requirement to have a Register of Procurement Decisions and Contract Monitoring.
- **Section 10: CCG Improvement and Assessment Framework Reporting** – Notes the requirement of the CCG IAF for CCGs to be assured about the effective management of conflicts of interest.
- **Section 11: Raising Concerns and Breaches** – Describes how suspected breaches of policy may be reported, how suspicions of fraud or bribery may be reported, the implications of breaches and the requirement of mandatory annual training.

Mr Naylor also explained that there were a number of forms and registers to be used by the CCG and following approval by the Governing Body, the new forms would be issued across the CCG and would supersede any previous documents. Managing Conflicts of Interest training would need to be given to all Governing Body members and staff during 2017/18. There may be a possibility that this could be undertaken on line.

Discussion ensued regarding the declarations to be made, in particular on the Register of Gifts and Hospitality as all gifts and hospitality must be declined unless in exceptional circumstances as outlined within the policy. This could include invitations to free conferences etc. which must be declined but recorded in the Register of Gifts and Hospitality. GP members of the Governing Body commented that they receive a number of invitations by pharmaceutical companies and sought clarification as to whether every invitation would need to be recorded. Mr Edmundson commented that all of this was about being appropriate, sensible and proportionate. Members were also reminded that in respect of the gifts and hospitality declarations, all gifts of any nature offered to CCG staff, Governing Body members and individuals within GP member practices by suppliers or contractors linked to the CCG's business must be declined whatever their role. Mr Naylor stressed the importance of this statement as it related to any suppliers or contractors linked to the CCG business. Mr Edmundson reiterated that if in doubt then raise the question in order to be covered. It was also commented that each GP practice should retain a Register. Further discussion ensued regarding the requirements of the information to be provided on the offer of gifts and hospitality. Mr Harrison commented that the gifts and hospitality issues are directly linked to the Bribery Act.

Mr Naylor and the Secretary to the Governing Body would be drawing up an action plan and would ensure that a system implemented across the CCG as soon as possible. ACTION: HN/LT

RESOLVED: That members approve the revised Managing Conflicts of Interest Policy for implementation across the CCG which would be managed by the Head of Programme Management and Corporate Business and the Secretary to the Governing Body.

Mr Naylor left the meeting.

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GB09/17 **Lancashire and South Cumbria Sustainability and Transformation Plan (STP)**

Dr Doyle spoke to a circulated Executive Summary and the first submission of the draft Lancashire and South Cumbria Sustainability and Transformation Plan (STP) (available from the Secretary) which was submitted to NHS England on 21 October 2016. There is a requirement for the documents to be made available in the public domain via the Governing Body and these had been published on the CCG's website. Dr Doyle reminded members that they had seen the documents at previous meetings.

Dr Doyle provided background information on the development of the draft STP along with the annexes which included the Local Delivery Plans for the five health and social care economies across Lancashire and South Cumbria, the Plan on a Page for each Healthier Lancashire and South Cumbria workstream and the Communication and Engagement Plans.

The Chairman commented that the Health Scrutiny Committee had requested that a "user friendly" version of the document be made available. Dr Doyle informed members that there are a number of technical templates that had been completed. The Case for Change document for the public and an easier readable summary of the plan targeting the public was being drawn up. The main document had been written as a technical document. Positive feedback had been received from NHS England and NHS Improvements on the document.

RESOLVED: **That members receive the October STP submission.**

GB10/17 **2017/19 Operational Plan and Contracts**

Mrs Barnsley spoke to a circulated report which informed members of the latest position in relation to the 2017/19 Operational Plan and Contracts. She reminded members that following the presentation of the draft Operational Plan to the Governing Body Development Session on 6 December 2016, the final version of the Operational Plan and the accompanying narrative was submitted by the CCG in line with the national timescale of 23 December 2016. The draft plan was presented to the Finance and Performance Committee on 20 December 2016 and a number of changes were agreed which were actioned and included in the final submission. To date, no response had been received from NHS England in relation to the Operational Plan other than acknowledgement of the submission. Governing Body members would be advised when a response is received.

Mrs Barnsley informed members that the planning and narrative in relation to the GP Five Year Forward View was also submitted to the timescale of 23 December 2016 following a Chairman's Action as agreed by the Primary Care Commissioning Committee.

Mrs Barnsley then made reference to the national deadline for agreement of the NHS contracts for commissioned services in 2017/19 which had been brought forward by approximately three months to 23 December 2016. Detailed negotiations were undertaken with our main NHS provider, Blackpool Teaching Hospitals NHSFT as well as with other NHS, independent sector and community/voluntary providers. Negotiations were concluded ahead of the deadline and as required, a copy of the signed contract with BTH was provided to NHS England.

Dr Doyle commented that Mrs Barnsley, Mr Harrison, Mr Bonson and other key members of staff had worked hard in achieving the sign off of the contract which was ahead of the timescale.

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Mrs McKenzie-Townsend made an enquiry in respect of the IAPT access and recovery trajectories. Mrs Barnsley informed her that the access target was being met however, the recovery target for IAPT was not being achieved currently. She did indicate that it was forecast that we would achieve the recovery target with effect from Quarter 1 (2017/18).

RESOLVED: That members of the Governing Body endorse the Chairman's Action undertaken in respect of the GP Five Year Forward View and note the position in relation to the finalisation of the CCG's Operational Plans and achievement of the submission timetable.

Members also noted the position in relation to the agreement of the contract with Blackpool Teaching Hospitals NHSFT and other commissioned providers.

GB11/17 Exceptionality and Clinical Policies Summary

Mrs Williams spoke to a summary report which provided an update in relation to the review, development and implementation of clinical policies for the CCG and recommendations made by the pan Lancashire Commissioning Policies Sub Group. At the Sub Group meeting an agreement was made to include some additional text into the policy for considering applications to make exceptions or to waive commissioning policies. Mrs Williams highlighted the inclusion which had been placed within the policy. She also informed members that the addition of the sentence had been supported by the Clinical Leadership Team and the recommendation was to include the text within the policy.

Mrs Williams reminded members that the CCG is part of the Lancashire-wide work relating to interventions of limited clinical value and the Sub Group had recently reviewed the policy for surgical release of trigger finger. This had been reviewed by the Clinical Leadership Team and recommended adoption of the revised policy to the Governing Body. Other policies reviewed and recommended by the Clinical Leadership Team included tonsillectomy, carpal tunnel and functional electrical stimulation.

Mrs Williams explained that whilst the CCG is part of the Lancashire-wide work, the CCG has also reviewed the current policies against other Lancashire CCGs and identified two policies currently utilised by other Lancashire CCGs but not Blackpool. The CCG was, therefore, proposing to adopt the existing policies with immediate effect which were:

- Varicose Veins
- Hip Arthroscopy

The summary report provided more detailed information relating to the discussion and approval routes for recommendation.

Mrs Williams then made reference to two policies which had recently been shared with the CCG by Blackburn with Darwen and East Lancashire CCGs who had formally adopted the policies and were asking the commissioners to include them within their provider contracts. These related to:

- Policy for Managing Joint Pain Injections
- Policy for Total Knee Replacement – Patella Resurfacing

Having reviewed the policies and including these in the Blackpool Teaching Hospitals contracts on behalf of the Pennine Lancashire CCGs, it was recommended that the CCG adopt the two policies. Mrs Williams informed members that a Lancashire-wide view was also being sought.

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Mrs Williams informed members that further work was progressing to review and implement additional clinical policies. The pan Lancashire Group was developing a cosmetic procedures policy which would replace the existing CCG policies with the latest guidance and best practice into one single pan Lancashire policy. Work was ongoing in developing the cosmetic procedure policy. Dr Williams commented that a suggestion had been made regarding significant emotional distress which may need to be incorporated within the cosmetics procedure policy and she asked where it was up to. Mrs Williams commented that it had gone back to the pan Lancashire Sub Group and she was waiting to see whether it could be included.

Dr Doyle commented that very soon we will be asked to delegate these areas of work to the Joint Committee of CCGs. Mrs Williams commented on the duty to involve and inform members that we had undertaken a lot of involvement however, feedback was minimal. A generic press release had been drawn up seeking views.

RESOLVED: That the Governing Body:

- **Support the inclusion of the additional text in the Exceptionality Policy.**
- **Note the position in relation to clinical policies.**
- **Adopt the policies for release of trigger finger, tonsillectomy, carpal tunnel, functional electrical stimulation, varicose veins, hip arthroscopy, joint pain and knee replacement.**

GB12/17 Pan Lancashire Care and Treatment Review (CTR) Policy

Mrs Lammond-Smith spoke to a circulated report and informed members that following publication from NHS England of the Care and Treatment Review Policy and Guidance, each CCG is expected to develop a local policy. The report provided the information that would need to be contained within the policy.

In response to the Lancashire Learning Disability Commissioning Network, all eight CCGs and the three local authorities had produced a draft pan Lancashire Care and Treatment Review Policy together with the necessary supporting documentation and the Information Sharing Agreement. The draft was presented to the Lancashire Transforming Care Partnership Steering Group in July 2016 where it was agreed that each organisation should take the policy back for local approval.

Mrs Lammond-Smith informed members that the Clinical Leadership Team had reviewed the policy and recommended it to the Governing Body for approval.

Mrs Williams sought clarification as to how many people per annum would go through the review and Mrs Lammond-Smith commented that it was the learning disability anticipated population. There are currently 700 adult patients in Blackpool plus children and those with autism. Mrs Williams sought clarification on the capacity and arrangements and Mrs Lammond-Smith commented that training was being undertaken locally with the Council. Mrs Williams also made reference to the information governance requirements and had not had sight of the Information Sharing Agreement and she also asked whether DBS checks had been undertaken. Mrs Williams would pick up the information governance issues with Mrs Lammond-Smith outside of the meeting. Mrs Lammond-Smith did not think that DBS checks were required however, she would check. Mrs Williams commented that whilst agreeing with the principles of the policy, there were some governance issues that needed to be further explored.

ACTION: HL-S/HW

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RESOLVED: That members of the Governing Body approve the pan Lancashire Care and Treatment Review Policy subject to clarification of some further governance arrangements.

Post meeting Note:

Mrs Lammond-Smith reported to the Secretary that there appeared to be a further revised policy due to be published by NHS England imminently. Mrs Lammond-Smith and Mrs Williams would await the final version and clarify the Information Sharing Agreement issue and the governance issues. An update would be brought back to the Governing Body at the next meeting.

ACTION: HLS/HW

GB13/17 Update on Emergency Preparedness Resilience and Response (EPRR) – Assurance Framework

Mrs Rispin spoke to a circulated update summary and reminded members that NHS organisations are required to undertake an annual self-assessment of its state of preparedness in being able to respond to emergencies. This is undertaken through an assessment of the extent of compliance with the NHS core standards for EPRR which are marked relevant to the specific organisation. The declaration of the results of the assessment must be taken to the Board or Governing Body of the organisation prior to its formal submission to NHS England.

Mrs Rispin commented that the report re-affirmed the process by Blackpool CCG in undertaking the EPRR self-assessment and subsequent approval by NHS England. The self-assessment submission was reviewed at the Lancashire Health Resilience Partnership in November and agreed as compliant for the CCG and Blackpool Teaching Hospitals NHSFT. North West Ambulance Service had a small number of amber ratings which related to NHS 111 for engagement as this was the first time NHS 111 was included in the assessment. Agreed action plans were in place to be completed before the end of March 2017.

Members were informed that EPRR training is currently being undertaken.

RESOLVED: That the Governing Body note the outcome of the process and assurance on compliance with EPRR.

GB14/17 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee:

(i) Ratified Minutes of the Meeting Held on 13 September 2016:

RESOLVED: That the minutes of the meeting be received.

(ii) Update from the Meeting Held on 8 November 2016 – Mr Brown commented that colleagues from Blackpool Teaching Hospitals had attended the November meeting of the committee to discuss the issues relating to stroke and TIA in more detail. Mr Brown commented that the Gantt chart that had been requested was awaited. Mrs McKenzie-Townsend commented that the presentation given by colleagues at the Hospitals Trust was good however, when they were asked about the low numbers of patients with care pathways, they did not appear to have any figures and would look at this outside of the meeting. This information was also awaited. Mrs Williams commented that further work was taking place across stroke and further discussion would be held at the Quality and Engagement Committee⁴ meeting the following week. Hyper acute discussions were still taking place across Lancashire.

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The first draft of the Communication and Engagement Strategy had been taken to the November meeting for further discussion at the January meeting with a view to it being recommended for approval by the Governing Body in due course.

RESOLVED: That members receive the update from the meeting held on 8 November 2016.

- (iii) **Risk Management Strategy** – Mrs Williams spoke to a circulated document which had been reviewed by the CCG’s Senior Managers and the Quality and Engagement Committee. Mrs Williams provided members with the updates to the document explaining that an updated committee structure had been included and new guidance on governance and clarity on information governance and SIRO responsibilities had been included. Mrs Williams had some further amendments to make and would liaise with the Secretary. **ACTION: HW/LT**

RESOLVED: That subject to the minor amendments to be made, the Governing Body approve the Risk Management Strategy 2017.

- (iv) **Commercial Sponsorship Approval** - The Secretary reminded members of the rules within the Commercial Sponsorship Policy with Pharmaceutical Companies on the requirements to report sponsorship approvals to the Clinical Leadership Team, the Audit Committee, the Quality and Engagement Committee and the Governing Body. Dr Doyle had approved a COPD Training Awareness Day on 16 November 2016 funded by AstraZeneca to the value of £500. Due to timings of meetings, the Secretary would inform the Quality and Engagement Committee members at the meeting the following week. **ACTION: LJT**

RESOLVED: That members note the commercial sponsorship approval.

(b) **Finance and Performance Committee:**

- (i) **Ratified Minutes of the Meeting Held on 25 October 2016**
(ii) **Ratified Minutes of the Meeting held on 22 November 2016**

RESOLVED: That the minutes of the meetings be received.

- (iii) **Review of Terms of Reference and Membership** – The Secretary informed members that a review of the Terms of Reference and Membership of the Finance and Performance Committee had been undertaken at the November meeting for recommendation to the Governing Body. Members noted the amendments and were in agreement.

RESOLVED: That the Governing Body approve the Terms of Reference and Membership of the Finance and Performance Committee.

- (iv) **Update from Meeting Held on 20 December 2016** – Mr Edmundson informed members that at the December meeting of the committee, consideration had been given to the Pulmonary Rehabilitation procurement and evaluation strategy. Until the Terms of Reference of the committee had been approved (since included procurement at Paragraph 5.1), the committee noted the briefing which was then taken back through the Executives and Deputies Team to approve the procurement and evaluation strategy. Colleagues were comfortable with the discussion and approval route as stated. Members noted that clinical comments had also been received from the Clinical Leadership Team.

RESOLVED: That members receive the update in respect of the Pulmonary Rehabilitation procurement.

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Mr Edmundson reminded members of the Children and Young People's Emotional Wellbeing and Mental Health Transformation Finance Update which had been presented to the Governing Body on 1 November 2016 for final approval. A further report was taken to the December meeting of the Finance and Performance Committee as the report indicated some confirmation as to where the funding lay from the various plans. It had been reported to the committee that £250,000 worth of schemes was needed for this service to continue. Members of the committee recognised these pressures and agreed that the £250,000 should be used from other schemes to fund the additional pressure. Other schemes would then be addressed accordingly.

RESOLVED: That members of the Governing Body agree to the recommendation made by the Finance and Performance Committee.

Mr Edmundson also informed members that a report had been tabled at the committee meeting in December in respect of financial control totals for 2016/17 contract arrangements. A number of options were contained within the report with detailed descriptions of the options, opportunities and risks. Colleagues had been asked to consider the information when considering the opportunities for transacting between the CCGs and the Trust between now and the 2016/17 contracting process. Mr Edmundson had asked each committee member and those in attendance for their views. There was no certainty that Blackpool Teaching Hospitals NHSFT could deliver the savings required to achieve their savings and control total by the end of the year. We might be in a situation that all organisations may not achieve their targets and the committee did not want to take this risk. The pressure hit was not just in service terms but also in financial terms. The option agreed to retain the status of the CCGs to achieve their plan.

RESOLVED: That members note the actions undertaken by the Finance and Performance Committee.

(c) Primary Care Commissioning Committee:

- (i) Ratified Minutes of the Meeting Held on 4 October 2016** – The Secretary noted the amendment to be made relating to the wording on the CQC ratings for primary care at Minute 115/16. ACTION: LJT

RESOLVED: That the minutes of the meeting be received.

- (ii) Update from the Meeting Held on 6 December 2016** – The Chairman informed members that the issues discussed at the meeting were the quality concerns trigger tool which the committee adopted to support quality assurance in primary care, the update in respect of Grange Park Surgery, GP annual visits and the update on GP Plus. There was also an update on the premises and technology fund and the Wyndyke Healthy New Town.

RESOLVED: That members receive the update.

- (iii) Confirmation of Chairman's Action – Approval of the GP Five year Forward View as Part of the Operational Plan Submission** – Mrs Barnsley had raised the issue earlier in the meeting under the Operational Plan and Contracts item.

RESOLVED: That members approve the Chairman's Action undertaken.

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(d) Audit Committee:

(i) Ratified Minutes of the Meeting held on 22 September 2016

RESOLVED: That members receive the minutes of the meeting.

(ii) Update from the Meeting Held on 14 December 2016 – Mr Edmundson informed members that the draft Managing Conflicts of Interest Policy had been reviewed and recommended to the Governing Body. The Audit Committee self-assessment had been undertaken and there were further amendments to the Terms of Reference following on from the self-assessment which would be updated and submitted to the Governing Body in due course.

RESOLVED: That members receive the update from the meeting.

(iii) Amendment to the CCG's Scheme of Delegation – The Secretary explained that following on from the review of the Managing Conflicts of Interest Policy, there was a requirement to make a minor amendment to the CCG's Scheme of Delegation relating to the Gifts and Hospitality section.

RESOLVED: That members approve the minor amendment to the CCG's Scheme of Delegation.

ACTION: LJT

(e) Auditor Panel:

(i) Ratified Minutes of the Meeting Held on 22 September 2016

(ii) Ratified Minutes of the Meeting Held on 14 December 2016

Mr Harrison informed members that two meetings of the CCG Auditor Panel had been held in order to appoint the CCG's External Auditors following a report whereby the appointment of the External Auditors must be made by 31 December 2016 for the financial year 2017/18. Mr Harrison informed members that some CCGs had gone out to tender for this however, the Auditor Panel members were satisfied to continue with the existing Auditors given the current capacity issues within the CCGs. Detailed discussion had been held at both Auditor Panel meetings. The Auditor Panel recommended to the Governing Body to the appointment of KPMG as the CCG's External Auditors for the next two years 2017/18 and 2018/19. Due to timings of meetings and the requirement for the appointment to be made by 31 December 2016, an Auditor Panel Chairman's Action had been undertaken for recommendation to the Governing Body.

RESOLVED: That members receive the minutes of the meetings of the Auditor Panel.

(iii) Confirmation of Auditor Panel Chairman's Action – CCG's Auditor Appointment – As outlined above.

RESOLVED: That the Governing Body approve the Audit Panel Chairman's Action to appointment KPMG as the CCG's External Auditor for 2017/18 and 2018/19.

(f) Health and Wellbeing Board – 19 October 2016:

RESOLVED: That members receive the minutes of the meeting.

Approved 7 March 2017

GB15/17 Any Other Business

There were no issues.

GB16/17 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 7 March 2017 at 1.00 pm in the Boardroom, Blackpool CCG.

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).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman

Date