

Approved 4 July 2017

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 2 May 2017 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 (arrived during GB65/17)
Mr DG Edmundson, Lay Member
Mr C Brown, Lay Member
Mrs C McKenzie-Townsend, Lay Member
Dr S Fairhead, GP Member
Dr S Green, GP Member
Dr M Martin, GP Member
Dr L Rudnick, GP Member
Dr C Augustine, GP Member
Dr S Singh, GP Member
Dr A Rajpura, Director of Public Health

In Attendance: Mrs J Barnsley, Director of Performance and Delivery
Mr J Gaskins, Deputy Chief Finance Officer
Mr C Cain, Chair, Health and Wellbeing Board
Miss L J Talbot, Secretary to the Governing Body.
Mr N Skelton, Communications and Engagement Officer
Mrs M Ashton, Senior Commissioning Manager (for GB67/17)
Mrs K Jackson, Commissioning Projects Manager (for GB67/17)

Public Attendees: Mr P Olive, Lay Member, Fylde and Wyre CCG
Miss K Crowshaw, Non-Executive Director, Blackpool Teaching Hospitals NHSFT

GB59/17 Apologies for Absence

Apologies for absence had been received from Mr Bonson, Mr Harrison, Mr Alizai, Mrs Rispin and Mr Molyneux.

GB60/17 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/managing-conflicts-of-interest/>

Purdah: The Chairman reminded members that due to the announcement of the General Election on 8 June 2017, we were currently in a period of Purdah (from 22 April 2017 to 8 June 2017). He reminded members that during this period, communications either in the form of announcements or activities by NHS organisations should be avoided if they could influence or be regarded as influencing the outcome of the general election. The Chairman asked Mr Skelton to forward the information relating to Purdah to Governing Body members.

ACTION: NS

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GB61/17 Minutes of the Meeting Held on 7 March 2017

RESOLVED: That the minutes of the meeting held on 7 March 2017 be approved as a correct record.

GB62/17 Matters Arising

(a) **GB29/17(c) Pan Lancashire Care and Treatment (CTRR) Policy** – The Secretary informed members that further guidance had been issued in respect of the CTRR Policy. The CCG's Head of Commissioning would be reviewing the policy in light of the new guidance and would submit the updated policy to the July meeting of the Governing Body. ACTION: HL-S

(b) **GB36/17(a)iii Information Governance Handbook and Subject Access Procedure** – It had been commented at the previous meeting that information can be lost if IOS updates are undertaken. Mr Harrison had been asked to raise this with IT colleagues. As he was unable to attend the meeting, the Secretary would raise this with Mr Harrison outside of the meeting. ACTION: LJT/AH

GB63/17 Chairman's Communications

(a) **CCG Executives and Deputies Structure and Reporting Arrangements from 1 April 2017** – The Chairman informed members of the revised Executives and Deputies reporting arrangements from 1 April 2017. The CCG structure had been revised into the following directorates:

- **Commissioning and Corporate Directorate:**

Executive: Mr David Bonson, Chief Operating Officer

Deputies: Mrs Helen Lammond-Smith, Head of Commissioning

Mr Howard Naylor, Head of Programme Management and Corporate Business

- **Finance Directorate:**

Executive: Mr Andrew Harrison, Chief Finance Officer

Deputy: Mr John Gaskins, Deputy Chief Finance Officer

- **Planning and Delivery Directorate (including Nursing and Quality):**

Executive: Mrs Janet Barnsley, Director of Performance and Delivery

Deputy: Mrs Lesley Anderson-Hadley, Chief Nurse

- **Ambulance and NHS 111 Commissioning:**

Executive: Mrs Yvonne Rispin, Director of Ambulance and NHS 111 Commissioning

Deputy: Mrs Janet Camilleri, Finance, Contracting and Performance Lead

The Chairman informed members that further details of the structures within each directorate would be issued over the coming weeks.

RESOLVED: That members receive the update.

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GB64/17 Finance and Performance as Reported to the Finance and Performance Committee

(a) **Financial Position – Month 12** - Mr Gaskins spoke to a circulated report which provided information on the Month 12 financial position.

- The CCG had achieved its target surplus at Month 12 – the target surplus was £1.175m plus headroom.
- The CCG had met its planned financial targets.
- The financial position at Month 12 - £3.935m surplus.
 - £1.175m surplus which represented the target achieved against the plan.
 - £2.76m release of 1% headroom.
- QIPP Position – Target of £6.4m net and reported £6.3m achieved on outturn.
- The running costs expenditure was £31,000 under budget.
- Better Payment Practice Code – NHS invoices 99.4%. Non NHS invoices 99.6% by number of invoices.

Mr Gaskins informed members that the audited accounts would be submitted to the Final Accounts Audit Committee meeting on 25 May 2017 for sign off (Audit Committee has delegated authority to sign off the accounts). They would then be submitted to the Governing Body in due course.

Mr Edmundson made reference to sustainability, particularly in respect of the QIPP savings. Whilst he acknowledged that a communication had been sent to GPs and CCG staff thanking them for the work undertaken, it was important that we continue to sustain this. Discussions continue at the Finance and Performance Committee and members noted that sustainability is at the forefront of the committee's agenda. Mr Edmundson congratulated CCG staff and practices for the achievement of the QIPP saving (to be discussed at the next sub item). He reminded members of the position the CCG was in at the beginning of the year, closely monitored by NHS England and that there was uncertainty at that time as to whether we would achieve the savings. Governing Body members echoed Mr Edmundson's comments and congratulated staff and practices for this achievement. The Chairman informed members that he had visited GP practices along with Mr Bonson and Mrs Barnsley and thanks had been conveyed to practice staff for their support in achieving this position. The Chairman commented that it is recognised that this was down to a lot of hard work and everybody should be proud of this achievement. Mr Brown also echoed the comments made. He asked what the impact was of reduced activity on Blackpool Teaching Hospitals. Mrs Barnsley commented that we were very mindful of this and that capacity needed to be reduced and not filled with other activity. A lot of work would be undertaken during 2017/18 on the Fylde Coast CIPs and QIPPs. Mr Gaskins commented that if we were to look at the business rules, we are not where we should be but are where NHS England expects us to be. Other organisations did not quite achieve this and are not where they wanted to be. Their underlying position is not as good as Blackpool CCG's and this was noted.

RESOLVED: That members approve the Month 12 financial position:

- **Planned surplus achieved.**
- **1% headroom released into Month 12.**
- **Allocation received in line with the plan.**

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- (b) **2016/17 QIPP Programme** – Mrs Barnsley spoke to a circulated report and reminded members that within the CCG’s approved 2016/17 Financial Plan, the net QIPP savings requirement at year end was £6.4m. As briefly referenced in the previous report, the CCG’s latest financial submission to NHS England, based on data as at Month 10 (January), forecast QIPP saving at 2016/17 year end was £6.32m which was an increase of £0.26m when compared to the previous month. Mrs Barnsley explained that the figure was based on the latest available data at the time of submission to NHS England, risk adjusted in agreement with the CCG’s finance team to take account of the degree of confidence and the savings forecasted for each scheme. She informed members that this was the final position reported to NHS England for the financial year 2016/17 however, as some of the schemes were expected to continue to deliver QIPP savings in 2017/18, internal monthly reporting of the position would continue. Mrs Barnsley commented that the Month 12 position would be reported to the Finance and Performance Committee.

Mrs Barnsley informed members that the focus was now on the QIPP savings over the next two years, 2017 to 2019, with a target saving of £12.2m. Discussions had been held with commissioning managers, including Dr Augustine, in looking at the QIPP savings and in particular, for this year (2017/18). Mrs Barnsley informed members that work was taking place in working with Trust colleagues on a prior approval scheme. A new QIPP programme would be submitted to the Finance and Performance Committee in due course.

RESOLVED: That members approve the report.

- (c) **Fylde Coast Strategy/Local Delivery Plan – Annual Report from Effective use of Resources Group (forms part of the LDP governance arrangements for the proposed Accountable Care System)** – Mr Gaskins spoke to a circulated report which had been supported by the Fylde Coast Strategic Partnership Board and highlights the work being undertaken. There will be four workstreams to take the work forward covering efficiency, business, modelling and ACS technical. In going forward, work will take place in having shared finance and performance committee agendas and shared finance work however this was yet to be determined. This will enable Fylde Coast organisations to undertake pieces of work once and share at the share time.

Mr Edmundson commented that when the discussion was held at the Finance and Performance Committee in respect of the Terms of Reference, he had made reference to the single control total and had asked for the control total for each organisation to be included rather than just a single control total. Mr Harrison had clarified at the Finance and Performance Committee meeting that reference would be made to this and inclusion in the Terms of Reference and Business Rules as highlighted in the planning guidance. It was recognised that this related to overall delivery but it was important that each organisation also delivers its own local requirements.

Dr Green sought clarification regarding the Clinical Quality Group as part of the governance arrangements. It was commented that the group had not yet been set up and Dr O’Donnell at Blackpool Teaching Hospitals had been tasked with establishing this. It was commented that before the Effective Use of Resources Group can be functional, the Clinical Quality Group would need to be up and running. The final governance arrangements would be submitted to the Governing Body for formal approval in due course.

Dr Rajpura commented that as we move towards integrated health and social care, reference to social care needed to be included in the Terms of Reference. Mrs Barnsley commented that social care is included in the sub groups. Mr Gaskins commented that further work had been undertaken since issuing the first draft and that social care was now included for Blackpool.

RESOLVED: That members receive the report.

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(d) **Performance Summary – Month 11** – Mrs Barnsley spoke to a circulated report which provided an overview on performance as at Month 11. She highlighted the following:

- **Referral to Treatment** – Patients on Incomplete Pathways treated within 18 weeks had improved in February and was 90.78% compared to 90.71% in January however this remained below target. The year to date performance was 91.84% against a target of 92%.
- **NWAS Ambulance Call Response Rates** – Red 1, Red 2 and 19 minutes had not been met for February but had improved from the January position.
- **IAPT** - The IAPT recovery rate remained below the target of 50% however, the recovery rate had increased from 38% in January to 42% in February.
- **Cancer** – The percentage of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment had deteriorated. Mrs Barnsley explained that these were small in numbers however, many were due to patient choice.

Dr Rajpura made reference to E.coli bacteremia and asked if this could be included in future performance reports. Mrs Barnsley would action accordingly.

ACTION: JB

RESOLVED: That members receive the report.

(e) **Contracts Dashboards – Month 11** – Mrs Barnsley informed members that at Month 11, we were seeing a reduction in activity at Spire Fylde Coast Hospitals which was below the plan but slightly above in monetary terms. This related to a case mix issue.

RESOLVED: That members receive the dashboards.

(f) **GP Referrals – Month 11** – Work was taking place in managing inappropriate referrals and this was showing a marked reduction. Mrs Barnsley explained that we were seeing a lot of reductions across a number of specialities.

RESOLVED: That members receive the report.

GB65/17 Governing Body Assurance Framework

Mrs Barnsley spoke to a circulated report which provided information on changes to risks within the Governing Body Assurance Framework (GBAF). Members were reminded that the GBAF identifies risks to the CCG with a risk score of 12 and above. Mrs Barnsley reminded members that the full CCG Risk Register had undergone an in-depth review during March 2017 to ensure that risks are described accurately and that risk scores are at appropriate levels. She took members through the breakdown of the entries within the GBAF. She further explained that following recent approval by the Governing Body regarding the corporate objectives and new style GBAF, a different style of reporting would be submitted to future meetings.

Mrs Barnsley also made reference to the Heat Map appended with the papers.

Mr Edmundson asked that with the development of the Accountable Care System (ACS) and STPs, whether officers had considered capacity and capability.

Dr Doyle arrived at the meeting.

The Chairman commented that work would need to be undertaken to take forward the establishment of joint committee meetings across the Fylde Coast organisations along with a review of the finance arrangements. It was recognised that we need to commence the ACS work as soon as

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possible. It is important that we ensure the structure is streamlined and enables us to achieve our aims. Dr Doyle commented that some of the changes to our corporate structure would need to be undertaken in order that we can be more effective. She commented that we have the capacity to deliver and that there needed to be investment in new areas.

RESOLVED: That members receive the Governing Body Assurance Framework.

GB66/17 Next Steps on the NHS Five Year Forward View: Blackpool and Fylde Coast Accountable Care System – Update on Next Steps

Dr Doyle spoke to a circulated report. In summary, the key national service improvement priorities identified for 2017/18 are:

- Improving A&E performance
- Strengthening access to high quality GP services and wider primary care
- Improving cancer services/outcomes
- Upgrading treatment for mental health

Dr Doyle reminded members that the next steps document also sets out plans to deliver more integrated care, building on the work being developed by Vanguard, eg, the Fylde Coast and the establishment of the Sustainability and Transformation Partnerships.

The report provided information on the key developments to enable more integrated care to be delivered by way of establishing the Accountable Care Systems.

Following the joint Board to Board to Board meeting in January 2017, the Fylde Coast organisations have considered a proposed approach to an established Accountable Care System and have agreed to the proposed governance arrangements to oversee and lead this process. The first step required is to create the revised governance arrangements and to provide oversight of the process to develop a Blackpool and Fylde Coast Accountable Care System and to establish an Accountable Care Steering Group.

Dr Doyle commented that the Next Steps document makes reference to STPs. Nine areas have been identified across the country that have the most capacity and can build on relationships in place to develop a system and what it might look like in the future. Blackpool and the Fylde Coast is one of the nine areas selected. Dr Doyle commented that this was a very positive step forward and will give us the opportunity to be part of the redesigning. She reminded members of the discussion held at the Board to Board to Board meeting in January at which colleagues agreed to draw up a report. Steps would need to be taken to create a working group and a Memorandum of Understanding would need to be drawn up to ensure that the Fylde Coast organisations work in a collaborative way. The report had been agreed by all three organisations (Board/Governing Body x2).

Reference was made to Fylde and Wyre CCG as they are moving towards having an MCP. It was commented that the clinical models are the same however, they see the MCP as an out of hospital element. It was further explained that as they are developed, there will be no difference between them. Fylde and Wyre CCG is looking to have a virtual MCP. This should not make any difference to the three organisations working together.

Dr Rajpura made reference to the continued bureaucracy of the NHS, for example, the LDP, STP, ACS etc. Dr Doyle commented that it was the aim to remove the bureaucracy and be more streamlined. She further commented that Blackpool Council is also on board with this way forward.

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Discussion ensued regarding the representation from Blackpool CCG on the Accountable Care Steering Group and the previously agreed membership from each organisation which would be:

- Chair
- 3 x Executives
- 1 x Lay Member
- 1 x GP/Clinical Member
- Joint CCG Chief Finance Officer

Dr Augustine asked if the GP members on the Governing Body could be on the Steering Group as providers and Dr Doyle commented that in future we will not have a separate provider system. We will still require scrutiny and challenge however, it will be within our own system.

It was recognised that there will be risks of being in an Accountable Care System however, there will be benefits of not managing the internal market. Discussion ensued regarding the representation on the Accountable Care Steering Group and the following was suggested:

- Chair - **Blackpool CCG Chairman**
- 3 x Executives - **Chief Clinical Officer, Chief Operating Officer and Director of Performance and Delivery**
- 1x Lay Member - **Mr Edmundson**
- 1 x GP/Clinical Members - **Dependent on which day of the week the meeting will be held would depend on GP members' availability. It was agreed that there should be a GP and a Deputy to cover.**
- Joint CCG Chief Finance Officer – **Mr Harrison**

RESOLVED: That members receive the report and agree the membership on the Accountable Care Steering Group.

GB67/17 **New Models of Care**

Mrs Ashton and Mrs Jackson gave an update on new models of care. The presentation covered:

- Extensive Care:
 - Overview
 - Referral criteria
 - Workforce
 - Patient journey
- Enhanced primary care and rationale
- Future vision – Integrated neighbourhoods
- Foundation of enhanced primary care
- Neighbourhood hub
- Empowering people and communities
- Enhanced primary care – Year 3
- Current Issues being identified
- Blackpool care home model

General discussion ensued and it was commented that during 2018/19 there should be a positive shift from in-house to the community.

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The Secretary would circulate the presentation to members.

ACTION: LJT

RESOLVED: That members receive the update on new models of care.

Mrs Ashton and Mrs Jackson left the meeting.

GB68/17 Clinical Policies

Mrs Barnsley spoke to a circulated report which provided an update in relation to the adoption of clinical policies by the CCG. Three further policies had been reviewed and approved by the Clinical Leadership Team for recommendation to the Governing Body for approval. Mrs Barnsley informed members that the policies are currently published on the CCG's website as "under review". Subject to approval by the Governing Body they would then be moved to the appropriate section on the website. The policies were:

- **Services for People with Erectile Dysfunction** – The policy was previously considered by the Governing Body who requested that engagement was undertaken. This had been carried out and whilst the response rate was low, there were no adverse comments in relation to the adoption of the policy.
- **Complementary and Alternative Therapies** – A pan Lancashire policy and recommended for adoption ahead of the pan Lancashire CCGs approving and adopting the policy.
- **Lumbar Spine** – The policy was produced by Pennine Lancashire CCGs and was recommended for adoption ahead of the pan Lancashire CCGs approving and adopting the policy.

Mrs Barnsley also made reference to the pan Lancashire work programme and the Revised Policy Steering Group that had been set up. Terms of Reference had been drawn up and would report to the Joint Committee of CCGs for ratification. The first meeting of the newly formed group had been held in April. Mrs Barnsley reported that the Fertility Policy and Cosmetics Policy would be taken forward as part of the pan Lancashire work programme.

Discussion ensued regarding the three policies and in particular, the Policy for the Commissioning of Services for People with Erectile Dysfunction. It was commented that GPs do not have access to psychiatrists whilst recognising that there are some psychosexual services available. There were no psychiatrists available and no mental health support available. It was also commented that reference to "severe distress" should be removed from the policy. Mrs Barnsley would further review the policy and resubmit to the Governing Body for approval.

ACTION: JB

RESOLVED: That members approve the following:

- **Policy on Complementary and Alternative Therapies**
- **Lumbar Spine Policy**

Members noted that the Policy for the Commissioning of Services for People with Erectile Dysfunction required further review and would be resubmitted to the Governing Body in due course.

ACTION: JB

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GB69/17 Minutes/Action Notes of Meetings and Associated Documents
(a) Finance and Performance Committee
i) Ratified Minutes of the Committee Meeting Held on 28 February 2017
ii) Ratified Minutes of the Committee Meeting Held on 28 March 2017

Mr Edmundson commented that contract variations and procurement decisions are reported as a standard item to the Finance and Performance Committee and these were highlighted within the minutes of the meetings. It was also commented that clarification of conflicts of interest are reported through the minutes in respect of any contract variations and procurement decisions.

RESOLVED: That members receive the minutes of the meetings.

iii) Information Governance Annual Report 2016/17

RESOLVED: That members approve the Information Governance Annual Report for 2016/17 as recommended by the Finance and Performance Committee.

iv) Update from the Committee Meeting Held on 25 April 2017 – Mr Edmundson commented that sustainability and continued work on the QIPP over the next two years was high on the committee agenda.

RESOLVED: That members receive the update from the meeting.

(b) Quality and Engagement Committee
i) Ratified Minutes of the Committee Meeting Held on 24 January 2017

RESOLVED: That members receive the minutes of the meeting.

ii) Update from the Committee Meeting Held on 14 March 2017 – Mr Brown made reference to the Stroke Report and whilst the committee noted a lot of actions had been undertaken, they asked what impact will the actions have and will they take us to where we want to be. There was no assessment of the difference that they would make. Further discussion would be held at the committee meeting on 9 May 2017.

RESOLVED: That members receive the update from the meeting.

iii) Patient Choice Policy – Mrs Barnsley informed members that the Patient Choice Policy had been reviewed by the PPNG, PPI Forum and Quality and Engagement Committee. There were minor amendments made to the policy based on the national Choice framework.

RESOLVED: That members approve the Patient Choice Policy.

iv) Committee Terms of Reference and Membership – The Secretary reminded members of the recent Committee Effectiveness/Self-assessment at which the Terms of Reference and Membership were reviewed in addition to committee meeting reviews.

RESOLVED: That members approve the Terms of Reference and Membership of the Quality and Engagement Committee.

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(c) Primary Care Commissioning Committee

- i) Committee Terms of Reference and Membership** – The Secretary informed members that the Committee had reviewed the Terms of Reference and Membership and a further review had also been undertaken as part of the Committee Effectiveness/Self-assessment.

RESOLVED: That members approve the Terms of Reference and Membership of the Primary Care Commissioning Committee.

(d) Audit Committee

- i) Ratified Minutes of the Committee Meeting Held on 14 December 2016**

RESOLVED: That members receive minutes of the meeting.

- ii) Update from the Committee Meeting Held on 13 April 2017** – Mr Edmundson informed members that annual discussions are held with audit colleagues excluding the Chief Finance Officer and Secretary to the Governing Body to draw out any issues. Overall audit colleagues were comfortable with the relationships with the CCG. There had been some difficulties regarding communication of a particular audit however, these had since been resolved. The auditors were also satisfied with the account process and the current position made at that time, ie, as at 13 April 2017.

Overview on Committee Effectiveness/Self-assessments – Mr Edmundson made reference to the Committee Effectiveness/Self-assessment process undertaken for the Audit Committee, the Finance and Performance Committee, the Primary Care Commissioning Committee and the Quality and Engagement Committee. There had been a consistency of approach, actions identified and amendments to the Terms of Reference and Membership to strengthen the committees' remit. The Secretary confirmed that all of the actions arising out of the development plans for each committee had been undertaken.

RESOLVED: That members receive the update from the committee meeting held on 13 April 2017, noting the comments made and the overview provided on the committee effectiveness/self-assessments across the committees. It was also noted that for the next round of the process (held biennially – 2018/19), the Remuneration Committee would also be included.

- iii) Committee Terms of Reference and Membership** – The Secretary informed members that the Audit Committee had reviewed the Terms of Reference and Membership and they had also been reviewed as part of the committee effectiveness/self-assessment process.

RESOLVED: That members approve the Terms of Reference and Membership of the Audit Committee.

(e) Health and Wellbeing Board – 18 January 2017 – The CCG Chairman had Chaired this particular meeting on behalf of Mr Cain. He made reference to the discussion held and in particular:

- Pan Lancashire Health and Wellbeing governance arrangements
- Lancashire and South Cumbria Change Programme and Sustainability and Transformation Programme update.

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Dr Rajpura informed members that the changes to the pan Lancashire Health and Wellbeing board were due to be implemented in May however, they had been delayed to September as the County will be holding elections.

RESOLVED: That members receive the minutes of the meeting and note the update from Dr Rajpura.

GB70/17 Any Other Business

There were no issues.

GB71/17 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 4 July 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