

Approved 5 July 2016

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 3 May 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
Mr D Bonson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer
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 S Singh, GP Member
Dr C Augustine, GP Member
Dr S Fairhead, GP Member
Dr M Martin, 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

Public Attendees: Mr D Parker, ProStrakan
Ms T Jackson, Takeda UK

GB67/16 Apologies for Absence

Apologies for absence had been received from Dr Rudnick.

GB68/16 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/>

The Chairman explained that new national guidance had been issued for consultation in respect of conflicts of interest. Once the consultation had ended and final guidance issued, the CCG would review its existing policy to reflect the changes. In the meantime, the Chairman stressed to Governing Body members that it was extremely important they keep their declarations of interest information up to date and that declarations are made at meetings where relevant to specific agenda items. The issue had been raised by the Audit Committee and the Chairman reiterated the importance of informing the Secretary to the Governing Body of any changes throughout the year whilst recognising that a quarterly review of the register is also undertaken.

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GB69/16 Minutes of Meetings

(a) **1 March 2016:**

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

(b) **5 April 2016:**

RESOLVED: That the minutes of the meeting held on 5 April 2016 be approved as a correct record.

GB70/16 Matters Arising

(a) **1 March 2016:**

(i) 37/16 Prescribing in Secondary Care – Mr Bonson had written to the Chief Executive of Blackpool Teaching Hospitals regarding prescribing in secondary care to reflect the CCG's changes.

(ii) 46/16 Commissioning Policies – Ms Skerritt confirmed that the Governing Body members' comments had been taken to the pan Lancashire Group. The policies had not been ratified by the Governing Body at this stage and work was taking place in reviewing specific policies for Blackpool. Ms Skerritt would keep members updated on the process.

(b) **5 April 2016 – 64/16 Healthier Lancashire Governance Arrangements** – Mr Bonson had provided feedback to the Healthier Lancashire team following discussion at the Governing Body meeting held on 5 April 2016.

GB71/16 Chairman's Communications

(a) **Blackpool Healthwatch** – The Chairman informed colleagues that a new Board had been established and Mrs Mary Whyham had been appointed as Chair (formerly the Chair of North West Ambulance Service). The Chairman and Ms Skerritt would be meeting with Mrs Whyham in May.

(b) **Chief Finance Officer** – The Chairman reminded members that from 1 April 2016, Mr Harrison had taken over the responsibility as Chief Finance Officer for Blackpool CCG, in addition to Fylde and Wyre CCG. Mr Raphael, Blackpool CCG's former Chief Finance Officer had been seconded to the Healthier Lancashire programme as the Chief Finance Officer. Firstly, the Chairman welcomed Mr Harrison to the CCG and to the Governing Body meeting. Secondly, thanks were conveyed to Mr Raphael for the work undertaken during his time as Chief Finance Officer to Blackpool CCG. He had undertaken a tremendous job and members echoed this comment. Mr Raphael would be returning to the CCG for the final accounts Audit Committee meeting at the end of May.

(c) **Elections** – The Chairman reminded members that currently, the Police Commissioner elections were taking place. The EU Referendum elections would be taking place in June and a period of purdah would need to be observed. The Secretary would circulate the guidance to Governing Body members.

ACTION: LJT

(d) **Annual General Meeting** – The Chairman informed members that discussions had been held with Fylde and Wyre CCG to hold a joint event incorporating the Annual General Meetings and this had been welcomed. There was also a suggestion to include Blackpool Teaching Hospitals NHS

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Foundation Trust as a partner organisation, particularly in respect of the joint working on the Vanguard. The Chairman had contacted the Chairman of Blackpool Teaching Hospitals who also welcomed this suggested. It was recognised that there are some statutory obligations that each organisation is required to undertake. The Chairman commented that often, questions from members of the public relate more to the hospital rather than the CCGs.

Mr Edmundson commented that bringing Blackpool Teaching Hospitals into the equation may possibly confuse the public whilst recognising the joining up of the work. The Chairman commented that we were currently at the planning stage and we may need to reference the Constitution. Mrs McKenzie-Townsend also welcomed the idea but was concerned on the venue. There would need to be a good, all round venue and with a view to rotating over future years. Members would be kept updated on progress.

GB72/16 **Performance Reports**

- (a) **Finance** – Mr Harrison informed members that the financial position for the year was a surplus of £0.563m which represented an overspend of £1.9m against the 1% surplus required. The CCG had achieved the position set out in the Recovery Plan. Members were informed that overall, the CCG spend on acute activity was much higher than plan, notably with Blackpool Teaching Hospitals and Spire Fylde Coast Hospitals, as was spend on prescribing. This had been offset by a combination of the use of contingency and other reserves and, through a number of one off measures.

Mr Harrison made reference to the final accounts which had been completed by Mr Raphael and Mrs O’Dea. He was confident that the accounts submitted are aligned to the £0.5m that had been reflected in the Recovery Plan agreed with NHS England at the beginning of the year. Mr Harrison explained that going into 2016/17, the underlying position was a £4.5m deficit. The position is as we expected it to be and aligns with our thought process going into 2016/17.

RESOLVED: **That members receive the finance dashboard and note the year end position.**

- (b) **Contracts** – Mr Bonson spoke to a circulated document which provided information on Blackpool CCG’s contracts (dashboards) with all providers. There had been an increase above plan in hospital activity, predominantly in electives. Mr Edmundson commented that the Finance and Performance Committee had considered the figures and do have some concerns for 2016/17. He commented that as we implement various QIPP schemes with the intention to keep people out of hospital, this would create capacity and it was important that we ensure that the capacity is not used for additional work. There were some concerns in respect of Spire Fylde Coast Hospitals. In financial terms, activity is significant and there were some concerns from the information received about the type of work they are receiving. Discussions had been held with colleagues from Spire Fylde Coast Hospitals to try and manage the amount of work to bring this in line with the contract. Mr Harrison commented that by a small amount of additional work, there is a financial impact. Mr Alizai commented that the way in which they code may be different and the same procedure may have been undertaken but coded differently.

Mr Harrison commented that for 2016/17, Fylde and Wyre CCG will host the Spire Fylde Coast Hospitals contract. Work was taking place with Spire on how to manage this to a mutually beneficial position. The other contract that remained a concern in 2016/17 was Lancashire Care Trust which may result in arbitration. Blackburn with Darwen hosts the contract for Lancashire Care Trust. It was commented that the CCG does not believe it is receiving the right level of service in terms of value of the contract. Mr Harrison explained that we do not want to put more money into the contract until a review of the usage of the contract is undertaken during 2016/17.

RESOLVED: **That members receive the contract dashboards.**

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- (c) **GP Referrals** – Mr Bonson explained that there had been a large number of additional GP referrals in the system and he was hopeful that the work we are currently undertaking would reduce this. Acute activity and prescribing were driving the costs up.

Dr Green sought clarification on the total number of referrals for breast symptoms and Mr Bonson would check this.

ACTION: DB

It was commented that the CCG's responsibility as a level 3 commissioner for primary care requires us to undertake more detailed work around the referrals taking place from primary care and it was suggested that there may be some value in drilling down further into this.

RESOLVED: That members receive the GP referral report.

- (d) **Performance Summary** – Mr Bonson spoke to a circulated document which provided members with assurance in relation to the indicators outlined in NHS guidance for commissioners under the policy document relating to supplementary information for commissioner planning for 2015/16. Mr Bonson explained that the Finance and Performance Committee receives the full performance report and that the summary presented to members was a document highlighting areas for their attention:

- **A&E Performance** – Continuing to struggle nationally and not yet recovered. The year-end target had been failed for BTH A&E and the trend was the same in other areas across the country. Mr Bonson commented however, that this was unusual for Blackpool as in past years they had always been able to achieve the target.
- **Category A Ambulance** – The target had been failed by 50 cases. The Ambulance Service, in collaboration with the Fire and Rescue Service, acting as first responders to incidents attended 50 calls whilst 'technically' this stopped the clock for the 8 minute response time. Due to the separate counting, they were not counted against the Ambulance Service target, resulting in an overall failure of 75% patients receiving a response in 8 minutes. Members were informed that this would affect the 20% quality premium across all the CCGs in the North West and £7.5m would be lost as the target had failed. This had been formally raised with NHS England and further information was awaited on the impact of this on the Quality Premium payments.
- **IAPT** – Mrs McKenzie-Townsend commented that there had been problems with IAPT waiting times and she hoped that there was an improvement in the service. Mr Bonson commented that there had been a backlog of patients waiting which had since been completed. There were new patients coming into the system who were being seen early and the target was now being achieved. For 2016/17, we were well ahead of the target and it was unfortunate that there had been a backlog for 2015/16.

RESOLVED: That members receive the performance summary information.

GB73/16 Governing Body Assurance Framework

Mr Bonson spoke to a circulated document which had recently been submitted to the CCG's Audit Committee. He made reference to the Q4 assurance meeting with NHS England where the CCG had been assessed as good in all areas except finance. Due to the financial position, overall the CCG received limited assurance as the finance element brought the assessment down. It was anticipated that a new system of assurance would be issued during 2016/17.

RESOLVED: That members receive the Governing Body Assurance Framework and note the Q4 assurance position of the CCG.

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GB74/16 **Better Start Partnership Agreement**

Mr Fisher spoke to a circulated report regarding the Better Start Programme which is a programme of work stretching over a 10 year term aimed at creating a step change in preventative approaches in pregnancy and the first three years of life to improve the life chances of babies and young children in Blackpool. Members were informed that the key deliverables and the programme comprise of three partner organisations – the NSPCC (lead organisation), Blackpool Council and Blackpool CCG. It was anticipated that we would develop more efficient services which would then free up money from existing spend. The programme had taken many months for the agreement to be signed off. Funding from the Big Lottery Fulfilling Lives project would be used to pump prime developments and if they prove effective, we could then switch the funding. The partnership agreement provided clear information on how this can be taken forward and a finance group had been established to oversee this work. The Chairman of the CCG, Mr Fisher, had taken an interest in this and would sit on the Executive Board. Mrs Anderson-Hadley, Deputy Chief Nurse and Mrs Lammond-Smith, Head of Commissioning would lead on the operational aspects of the programme. Dr Green commented that she had been a member of the Operational Board and this was noted.

Mr Brown sought clarification that if savings are not made, we could miss the opportunity of being involved in exciting projects. However, the Chairman commented that in order to release the leverage funding, the savings have to be made from existing services and projects before any money can be released by the CCG. Dr Doyle commented that there is a lot of work taking place and any members interested in being involved would be most welcome.

Dr Rajpura commented that it is an important programme and they are finding that problems in adulthood generally start in childhood. He went on to say that any work that could take place in creating a step change in preventative approaches in the early years would be a good way forward.

RESOLVED: **That members approve the recommendations set out within the report.**

GB75/16 **Compliance with Monitor Undertaking on Patient Choice**

Mr Bonson spoke to a circulated report. He reminded members that in September 2014, Monitor concluded that NHS Blackpool CCG did not comply with Regulations 39 and 42 of the Responsibilities and Standing Rules Regulations relating to patient choice of provider and subsequently issued a list of undertakings to the CCG. Monitor had accepted the undertakings from the CCG which would remain in place until April 2017. Members received a document which demonstrated the progress made by the CCG on each undertaking and identified supporting evidence where available.

The CCG is required to report back to Monitor by 30 June 2016 on compliance with the agreed undertaking during the period ending 31 March 2016.

RESOLVED: **That members receive the progress document and approve the report for submission to Monitor.**

GB76/16 **Update on Healthier Lancashire and South Cumbria – Joint Committee of Clinical Commissioning Groups (JC CCGs) – Terms of Reference and Scheme of Delegation**

Dr Doyle spoke to a circulated report which was a second draft of the Terms of Reference of the Joint Committee of Clinical Commissioning Groups to the voting and non-voting membership organisations and also requested a minute of the decision in order to establish the JC CCGs.

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Dr Doyle explained that with the advent of the NHS planning guidance in December 2015, South Cumbria agreed to be included as the Lancashire and South Cumbria footprint and, therefore, a named part of the programme that had been known as Healthier Lancashire. Members were informed that following a number of discussions and from feedback received, some amendments had been made to the first draft of the Terms of Reference and the Scheme of Delegation and a second draft prepared. Members commented that this would ensure that the JC CCGs consider decisions relating only to the Lancashire and South Cumbria change programme. The Collaborative Commissioning Group would continue to consider all other collaborative commissioning decisions. Members were also informed that there were a number of outstanding questions which would be resolved through the CCGs in the next few weeks or would be for the JC CCGs to consider at its first meeting.

Members noted that with the inclusion of South Cumbria, there would be nine organisations as part of the membership. South Cumbria would need to be added into the Terms of Reference however, it was noted that in the meantime, this would be through Morecambe Bay. It was recognised that the voting percentage would need to be changed before the first meeting of the JC CCG.

Mr Harrison made reference to Lancashire County Council and commented that the membership needed to be clear that the voting members were restricted to the organisations forming the committee. To ensure that there was no democratic deficit they wish for elected members to be included. Lancashire County Council had raised this with Lancashire CCGs and Mr Harrison commented that he could not see that that change would be acceptable. Fylde and Wyre CCG acknowledged this but will not be changing this. Dr Doyle commented however, that "in attendance" at the JC CCG will be other organisations represented, for example, local authorities, NHS England, specialist commissioning etc however, the CCGs could vote to include other organisations if necessary. Colleagues from Lancashire County Council were comfortable with this approach and Blackpool Health and Wellbeing Board were also comfortable with the approach.

RESOLVED: That the Governing Body:

- **Note that the Terms of Reference on the notes on creating the JC CCGs which offer definitions on an explanation remain draft noting that there are still a number of points to be finalised by all CCGs however, they were not detrimental to establishing the JC CCGs.**
- **Agree to a third and final iteration of the Terms of Reference at the first meeting of the JC CCG with a view to adopting them but keeping them under constant review and revising as appropriate.**
- **Agree to develop the decision making matrix and dispute resolution through the JC CCGs.**
- **Note that the Secretary to the Governing Body will provide a minute of the decision to agree to the establishment of a JC CCG.** ACTION: LJT
- **Note that once agreed, the Secretary to the Governing Body would advise the names of the voting representatives to be included on the JC CCGs.** ACTION: LJT
- **Note the next steps to be taken forward.**

GB77/16 GP Five Year Forward View

Mr Bonson spoke to a circulated summary and full document in respect of the General Practice Five Year Forward View which was published by NHS England on 21 April 2016. He explained that the document laid out the strategic direction, through significant national investment and commitment in targeted areas, to stabilise and strengthen the general practice landscape. The summary was

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aimed at providing practices with a brief outline of the main headlines detailed in the full document. Dr Doyle commented that it was important to be mindful what is in our baseline, what is extra and in keeping with others.

RESOLVED: That members receive the GP Five Year Forward View.

GB78/16 Update on Vanguard

Mr Bonson provided a verbal update in respect of the Vanguard. Notification of the funding was still awaited. The Value Proposition 2 had been revised and submitted. He informed members that there was less money coming through than originally anticipated and work was taking place in revising the plan to ensure that the Vanguard can be delivered. Mr Bonson was hoping to have more details and full plans at the next meeting of the Governing Body.

RESOLVED: That members receive the update in respect of the Vanguard.

GB79/16 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee

(i) 8 March 2016

RESOLVED: That members receive the minutes of meeting.

(ii) Workforce Race Equality Standard (WRES) Annual Report – Ms Skerritt informed members that the document had been taken through the Quality and Engagement Committee for approval. It was the first report of its kind, it is a statutory requirement and complies with what the CCG is required to publish. Ms Skerritt also commented that staff surveys would be undertaken every two years.

RESOLVED: That members approve the Workforce Race Equality Standard Annual Report.

(iii) Equality and Inclusion Annual Report 2015/16 – Ms Skerritt informed members that the document provided an update on the work undertaken during the year. She made reference to the CCG's areas for improvement on equality and inclusion where it particularly makes reference to communication and engagement mechanisms where there needs to be assurance that they reach all sections of the community and feedback from all protected groups in informing projects. There had also been an improvement on staff reporting and identification of positive experiences of their membership of the workforce to support the Work Race Equality Standard and Goals 3 and 4 of the Equality Delivery System.

RESOLVED: That members approve the Equality and Inclusion Annual Report 2015/16.

(b) Finance and Performance Committee

(i) 22 March 2016

RESOLVED: That members receive the minutes of the meeting.

(ii) Information Governance Annual Report 2015/16 – Mr Edmundson commented that the CCG had achieved a 91% success rate in respect of information governance which was an improvement on the previous year.

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RESOLVED: That members approve the Information Governance Annual Report 2015/16.

(ii) 26 April 2016 – The minutes of the meeting were not yet available however, Mr Edmundson had no further issues to report.

(c) Primary Care Commissioning Committee

(i) 1 March 2016

(ii) 5 April 2016

RESOLVED: That members receive the minutes of the meetings.

(iii) Terms of Reference and Membership – The Committee had recommended that meetings be held bi-monthly for the current time and would be reviewed in September/October. The Secretary asked members to approve the amendment.

RESOLVED: That members approve the revised Terms of Reference and Membership of the committee.

(d) Audit Committee

(i) 24 March 2016 – Mr Edmundson made reference to the mortality review clinical coding audit where significant assurance had been given to coding within the report. This was challenged back to the auditors to make further investigations. Ms Skerritt commented that this had also been reported to the Mortality Committee and the recommendations would be progressed.

External Auditor Appointment – Mr Edmundson made reference to the discussion held at the Audit Committee relating to the external auditor appointments. Mr Harrison informed members that there will be a requirement to establish an Auditor Panel in order to undertake the process for appointing the CCG's external auditors from 2017/18 onwards. He asked members if the Audit Committee could be identified as the Auditor Panel and he would also provide support in taking this forward for the external auditors during 2016/17.

RESOLVED: That members approve the establishment of an Auditor Panel as the Audit Committee.

That members receive the minutes of the meeting.

(ii) Raising a Concern Policy (Whistleblowing) – The Secretary informed members that the Audit Committee had agreed that the review of the policy which was scheduled for September 2015 could be delayed due to guidance being issued at that time. Since then, the policy had been updated taking into consideration the new guidance and had also been circulated to CCG Senior Managers, Staff and CSU Embedded Team and then submitted to the Quality and Engagement Committee and the Audit Committee. The document was recommended for approval by the Governing Body.

RESOLVED: That members approve the Raising a Concern Policy (Whistleblowing).

(e) Health and Wellbeing Board – 2 March 2016

RESOLVED: That members receive the minutes.

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- (f) **Adult Safeguarding** – Ms Skerritt informed members that no minutes were available on the Council’s public website. She made reference to a case in a local rest home for a Blackpool registered patient, raised by the coroner. An investigation and a single agency review were being undertaken. Ms Skerritt informed members that the CCG had not been informed of the situation and she would provide further reports as they become available and via the Quality and Engagement Committee.

RESOLVED: That members receive the update.

- (g) **Lancashire Clinical Commissioning Groups Network**

- (i) 28 January 2016
(ii) 25 February 2016

RESOLVED: That members receive the minutes of the above meetings.

Members also noted that there would be no future meetings of the Network in light of the establishment of the Healthier Lancashire and South Cumbria governance arrangements.

- (h) **Collaborative Commissioning Board**

- (i) 9 February 2016
(ii) 8 March 2016

RESOLVED: That members receive the minutes of the meetings.

GB80/16 Any Other Business

There were no issues.

GB81/16 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 5 July 2016 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).

Minutes approved as a correct record.

CCG Chairman

Date