

Approved 6 September 2016

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 5 July 2016 in the Boardroom, Blackpool CCG

Part I

- Present: Mr R Fisher, CCG Chairman
Dr M Williams, GP Member/Vice Chairman
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 C Augustine, GP Member
Dr S Fairhead, GP Member
Dr M Martin, GP Member
Dr L Rudnick, GP Member
Dr S Green, GP Member
Dr S Singh, GP Member (arrived during GB100/16)
Mr N Alizai, Secondary Care Doctor (arrived during GB100/16)
- In Attendance: Mr A Jude, Director of Ambulance Commissioning
Mr G Cain, Chairman, Health and Wellbeing Board (arrived during GB105/16)
Mr G Molyneux, Healthwatch Representative
Mrs J Barnsley, Service Director, M&LCSU
Miss L J Talbot, Secretary to the Governing Body
Mr S Butterfield, Blackpool Council, Research and Policy Manager at Blackpool Council
(GB105/16)
- Public Attendees: Mrs J Blackburn, Business Development Manager, Spire Fylde Coast Hospitals
Ms K Crowshaw, Non-Executive Director, Blackpool Teaching Hospitals NHS Foundation Trust

The Chairman welcomed Mr Molyneux, Healthwatch Representative to his first meeting of the Governing Body.

The Chairman reminded members that Mr Jude would be retiring from the CCG at the end of July 2016 and that this was his last meeting of the Governing Body. The Chairman conveyed his thanks to Mr Jude for his contribution to the Governing Body over the years and the work he had undertaken on behalf of the CCG and the former PCT. Members echoed the Chairman's comments and everybody wished him well on his retirement.

GB97/16 Apologies for Absence

Apologies for absence had been received from Dr Doyle and Dr Rajpura. The Chairman explained that Dr Doyle was currently presenting the Sustainability and Transformational Plan to NHS England.

GB98/16 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/>

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GB99/16 Minutes of the Meeting Held on 3 May 2016

RESOLVED: That the minutes of the meeting held on 3 May 2016 be approved as a correct record.

GB100/16 Matters Arising

- (a) **GB72/16(b) Category A Ambulance** – Mr Jude reminded members of the Quality Premium across the CCGs in the North West. We had failed to achieve the target which had resulted in a loss of £7.5m. Mr Jude informed members that feedback from NHS England was that they would have had to accept the letter incorporating Fire and Rescue Service performance as there were national inaccuracies. He explained, therefore, that there will not be a 20% reduction in Category A performance and we had achieved the Quality Premium.
- (b) **GB72/16(a) Finance** – Mr Harrison informed members that the year-end financial position was likely to compromise the entirety of the Quality Premium which is still a risk to us.

Mr Alizai and Dr Singh arrived at the meeting.

GB101/16 Chairman's Communications

- (a) **Committee Self-Assessments** – Mr Harrison reminded members of the committee self-assessments where it had been agreed that these would be undertaken bi-annually. The Audit Committee would take the lead responsibility for the self-assessments in its role as overseeing governance for the organisation. Mr Harrison would be sharing a piece of work undertaken at Fylde and Wyre CCG with Mr Edmundson, Audit Committee Chair to agree a process across the CCG's committees. He explained that as a bespoke system had been used at Fylde and Wyre CCG, he was looking to use the same process across Blackpool which would be taken forward over the coming months. Members noted the work to be undertaken.
- (b) **GP Elections** – The Secretary informed members that four GP member places on the Governing Body were up for election for a new term of office commencing 1 October 2016 through to 30 September 2019. The four GPs are Dr Singh, Dr Rudnick, Dr Martin and Dr Fairhead. The LMC would be conducting the process on behalf of this CCG and were currently seeking expressions of interest. The Secretary explained that should the LMC receive more than four nominations for the four available places, an election would be held during late July/August 2016. Should there be four expressions of interest then there would be no requirement for an election. Members would be kept informed of progress.
- (c) **Annual General Meeting** – Members were reminded of a recent email communication sent out by the Secretary informing them that there would be a joint Annual General Meeting event/health fair for the Fylde Coast for Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust. The event would be held on Thursday, 29 September 2016 commencing at 5.00pm at Lowther Pavilion, Lytham. The Chairman explained that the intention was to rotate the venue annually so that the AGM could be held in each of the organisation areas. Members noted the date and that further information would be sent out in due course.
- (d) **Grange Park Health Centre – CQC Inspection** – The CQC report was published on 16 June 2016 and rated the practice as inadequate and placed the practice into special measures. Ms Skerritt informed members that the CQC was specific and clear on improvements to be made. A range of measures and support to the practice would be provided and members would be kept updated on progress.

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- (e) **National Ambulance Commissioners Network (NACN)** – The Chairman informed members that the NHS Clinical Commissioners Board is the independent membership organisation of Clinical Commissioning Groups. A number of networks are represented on the Board including the Chair of the NACN. The Chairman was pleased to inform members that following successful nomination, Mrs Yvonne Rispin, the CCG’s Assistant Director had been confirmed as the NACN representative on the Board and as such, would also Chair the NACN in her new role as Acting Director of Ambulance Commissioning within the North West from August 2016. Members conveyed their congratulations to Mrs Rispin.
- (f) **Musculo-skeletal Pathway (MSK)** – There was a plan for the pathway to go “live” in August which would change the route for referrals into orthopaedics. There would be a triage and treat process and some specific issues relating to this would be sent out to practices. Details of the pathway would also be taken to the Practice Link meeting. A similar process would be rolled out for Fylde and Wyre CCG for the Fylde Coast system. Mr Harrison suggested that it would be beneficial if we could start to move the pathway work across now in preparation and Mr Bonson would seek further guidance to clarify the process. ACTION: DB

GB102/16 Performance Reports

(a) 2015/16 Year-end:

(i) Annual Accounts – Mr Harrison spoke to a circulated report and informed members that the CCG Annual Accounts for 2015/16 had been finalised, approved by the Audit Committee under delegated authority by the Governing Body and published as part of the CCG’s Annual Report and Accounts document. The accounts showed that the CCG achieved its statutory financial duty in 2015/16 as follows:

- The CCG ensured that the gross expenditure did not exceed its allocations plus income. The CCG delivered a surplus of £563,000, which at 0.2% of the original allocation was short of the required 1% surplus, but does deliver the forecast surplus outlined within the financial recovery plan.
- The CCG received no capital allocation and no capital spend.
- The CCG kept its revenue expenditure within its revenue resource allocation, delivering the forecast surplus of £563,000 (the original planned surplus was £2,455,000).
- The CCG had no “ring fenced” allocations.
- The CCG did not exceed its revenue administration resource, delivering an under spend in this area (£54,000 excluded the Quality Premium).
- The CCG maintained its cash spend within its notified cash drawdown. The uncleared cash balance at the bank (£20,000) was also within the target of less than 1.25% of the March drawdown value.
- The CCG met the requirements of the Better Payment Practice Code for all areas.
- The accounts were produced in line with the NHS England guidelines and timescales with both the draft accounts and final accounts submitted on time.

Mr Harrison informed members that KPMG had performed the external audit on the accounts and gave an unqualified audit opinion with only two minor recommendations to improve processes for 2016/17.

RESOLVED: That members note the report.

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- (ii) **Contracts – Month 12** – Mr Bonson informed members that there had been a large increase in the elective procedures as at month 12. Non-elective activity was on plan.

RESOLVED: That members note the year-end contracts report.

- (iii) **GP Referrals – Month 12** – Mr Bonson took members through the GP referrals information. Mr Edmundson commented that it would be useful to include out-patient procedures separately and this was noted.

RESOLVED: That members note the GP Referral report as at year-end.

- (iv) **Performance Summary – Month 12** – Mr Bonson spoke to a circulated performance summary as at year-end. Mrs McKenzie-Townsend was pleased that the IAPT target was improving for both access and waiting times and she asked whether this was because we had introduced a self-referral system. It was confirmed that this was the case.

RESOLVED: That members receive the Performance Summary at year end.

Mr Cain arrived at the meeting.

(b) 2016/17:

- (i) **Finance Report including the Plan Update** – Mr Harrison took members through the report and highlighted the following:

- Sustainability and Transformation Plan (Lancashire STP) – The CCG is required to input into STP however, there is no requirement for it to be approved by the Governing Body.
- Vanguard Programme – Fylde Coast (effective use of resources).
- CCG QIPP Programme – Being further developed. For 2016/17, the CCG has a target of £6.4m net to achieve a 0.5% surplus (£1.175m). Mr Harrison informed members that there is a high risk of slippage and non-delivery. He made reference to the work undertaken by Attain which identified a £5.8m risk and proposed ways to close the gap. Plans were being further developed and findings would be submitted to the Governing Body in due course. Mr Harrison explained that given the QIPP challenge in the following year is likely to be higher, the CCG's plans for 2017/18 would need to be developed now.

Mr Edmundson endorsed the comments made by Mr Harrison and commented that monitoring in 2015/16 was undertaken however, we were always conscious that we would achieve, that the QIPP would deliver and that the saving would be made in 2016/17. He further commented that this had not happened and all of the work will have gone to waste if we do not achieve. We are currently three months into the year and he would not want Executives to seek Governing Body approval in order to proceed with schemes. He, therefore, suggested that Dr Doyle as the Accountable Officer be given delegated authority to approve schemes provided they are not contrary to the service strategy. Members were comfortable with the approach that Dr Doyle would approve schemes and report back to the Governing Body. Mr Skerritt commented that quality impact assessments are undertaken on all schemes and she did not want the financial situation to compromise this work.

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- Recovery Plan – Members were informed that NHS England had assessed the CCG as Category 2 – Limited Assurance as the CCG plan did not meet the business rules. There is a surplus requirement and the CCG had self-assessed the plan as high risk of non-delivery. There is a requirement, therefore, for Category 2 CCGs to draw up a Recovery Plan. Timing on this was awaited. Mr Harrison informed members that a robust Recovery Plan was required to provide assurance that the financial position would be achieved. It would need to address the QIPP slippage, unmitigated financial risks and the level of recurrent versus required non-recurrent expenditure.

RESOLVED: That Dr Doyle be given delegated authority to agree schemes that could be commenced in order to achieve and take forward the QIPP savings.

- (ii) **Contracts – Month 1** – Mr Bonson took members through the contract dashboards. It was suggested that the information could be split out showing out-patients and day cases.

RESOLVED: That members receive the contract information for Month 1.

- (iii) **GP Referrals – Month 1** – Mr Bonson took members through the report. He commented that whilst overall, numbers from Month 1 suggest an increase of 5% in GP referrals, the actual variance per working day was not significant. There were two more Bank Holidays in 2015/16 compared to 2016/17, ie, two Easter holiday periods in 2015/16.

RESOLVED: That members receive the GP Referrals report.

- (iv) **Performance Summary – Month 1** – Mr Bonson took members through the report and commented on the following:

- IAPT – Improving.
- Increase in demand in ambulance services and activity was up over 10% however, this may be due to the phasing of the new plan. Performance in April and May had failed in all areas with the exception of the Red 1 targets.
- HSMR and SHMI rates were improving.

RESOLVED: That members note the Performance Summary report.

GB103/16 **Managing Conflicts of Interest for CCGs – Revised Statutory Guidance**

The Chairman spoke to a circulated report and informed members that NHS England had published revised statutory guidance for CCGs on managing conflicts of interest. The revised guidance supersedes the previous guidance published in 2014 which the CCG had used within its Constitution to guide its Managing Conflicts of Interest Policy. The report provided information on the key changes. The Chairman informed members that the CCG's Head of Corporate Business and the Secretary to the Governing Body would be undertaking a review of the CCG's Constitution and Managing Conflicts of Interest Policy to identify where changes are required in order to meet the requirements of the revised guidance.

RESOLVED: That members note that revised guidance had been published and that any changes required to the CCG's Constitution and Managing Conflicts of Interest Policy would be reported back to the Governing Body meeting in September.

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GB104/16 Emergency Preparedness, Resilience and Response – Assurance Framework

Mr Jude spoke to a circulated report 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 year, CCGs are required to take a more active role in reviewing its local health economy acute provider self-assessment prior to formal submission to NHS England before 23 September 2016. The report presented to members set out the process being followed by Blackpool CCG in undertaking the EPRR self-assessment. Mr Jude informed members that the process would be undertaken collaboratively with Fylde and Wyre CCG as we currently have joint on-call arrangements with them and we would look to aligning our policy and plans with Fylde and Wyre CCG. Mr Jude would liaise with his counterpart lead.

Mr Jude informed members that in the previous year, the CCG had been substantially compliant.

Mr Harrison reminded members that CCGs were not originally set up to take on this piece of work and that it was an additional responsibility for the CCG to undertake. It is not part of the CCG's Constitution and the assessment process. He went on to say that it needed to be recognised, therefore, that this is an additional responsibility over and above what CCGs were originally set up to do. This was noted.

RESOLVED: That the Governing Body note the requirements to undertake the EPRR self-assessment and note the process being adopted by the CCG.

GB105/16 Draft Health and Wellbeing Strategy 2016/19

The Chairman introduced Mr Butterfield, Corporate Development Research and Policy Manager at Blackpool Council who took members through the draft Health and Wellbeing Strategy for 2016/19. Mr Butterfield informed members that the Health and Wellbeing Board has a statutory duty to produce a strategy. The previous strategy had expired at the end of 2015. A new draft strategy had been in development over the last few months and was appended with the report. Mr Butterfield informed members that they were now at the final approval process and asked members to provide any comments as a final opportunity. Discussion in the past had related to information to be included on health services and KPIs are now included. Mr Butterfield provided some background to the strategy. It was recognised that there are wider changes in the health system in Lancashire and it was important to articulate them for Blackpool. The Chairman commented that the consultation had been through an extensive engagement process and Healthwatch had been involved. The draft strategy had been taken to the Health and Wellbeing Board.

Mr Butterfield informed members that the Health and Wellbeing Board had agreed that evidence that related to health outcomes in Blackpool suggest that there are a number of drivers they need to address in order to achieve their vision:

- Stabilising the house market
- Tackling substance misuse (alcohol, drugs and tobacco)
- Building community resilience and reducing social isolation
- Early intervention

It was commented that Priority 4 – Early Intervention - appeared to be light within the strategy and Mr Butterfield commented that this was a statement of intent and there would be some scope to take this forward. He noted the comments made by members.

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Mrs McKenzie-Townsend made reference to mental health and in particular, anxiety and depression disorders. In respect of child health addiction for self-harm, she asked where these pieces of work appeared in the strategy. She further commented that more could be articulated around mental health. Mr Butterfield commented that colleagues were reliant on the information supplied to them and he welcomed any areas that needed to be built into the strategy. Mr Harrison made reference to mental health from an employment perspective and commented that this could be an area that the Health and Wellbeing Board considers in going forward and have available indicators around this. Mr Butterfield noted this.

The Chairman commented that whilst this was a three year strategy with priorities, it would take longer than three years to see the benefits and this had been recognised by the Health and Wellbeing Board. It was commented that it was probably more like a 10 year strategy. Mr Butterfield commented that there is flexibility within the strategy.

Mr Butterfield informed members that it was proposed that the strategy would be monitored by the Health and Wellbeing Board bi-annually in the form of a report updating on delivery of the actions and annually by considering the performance information and progress that had been made against the indicators set.

RESOLVED: That the Governing Body receive the draft strategy noting the work to be taken forward in implementing it for 2016/19.

Thanks and appreciation were conveyed to Mr Butterfield and he left the meeting.

GB106/16 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee:

(i) Update from Meeting Held on 10 May 2016 – Mr Brown confirmed that items identified for the Governing Body had been included on the agenda.

(ii) Risk and Security Annual Report 2015/16:

RESOLVED: That members approve the Risk and Security Annual Report 2015/16.

(iii) Managing Unacceptable Behaviour Policy – It was suggested that “a push – causing injury” should be amended to “a push”. The Secretary would also remove the CSU logo on the policy and add the CCG logo.

ACTION: LJT

RESOLVED: That subject to the minor amendments to be made, the Governing Body approve the Managing Unacceptable Behaviour Policy.

(iv) NHSE Safeguarding Assessment – Ms Skerritt spoke to a circulated assessment document which had been issued by NHS England as a safeguarding assurance tool for use within CCGs. The assessment document had been completed for Blackpool CCG and good progress was being made in respect of safeguarding. Ms Skerritt informed members that the CCG had been asked to share the document with other CCGs. It was recognised that there continued to be a capacity issue in respect of safeguarding.

Reference was made to the safeguarding issues of a child and Mr Edmundson asked if we are satisfied that communication lines are in place. Ms Skerritt commented that whilst there are a

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number of information systems in place, more work was required however, the systems were regularly improving. Work was taking place on the child health system which would align with Police, Social Services etc. Ms Skerritt explained that we are a pilot site in Blackpool however, there are some technical issues at the current time. Work was taking place in looking at how we extend this across Blackpool. Mr Harrison sought clarification as to whether we have all the information sharing agreements in place and Ms Skerritt commented that this needs to be picked up in her role as Caldicott Guardian and Mr Harrison's role as the SIRO.

Reference was made to the changes to the service in respect of school nurses as the CCG does not commission the service. It is commissioned by Public Health at the Council. There were no changes to safeguarding. We have escalated to the Safeguarding Board of the reduced responsibility of school nurses. It was recognised that Blackpool has a high number of Looked After Children.

RESOLVED: That members receive the NHS England Safeguarding Assessment.

(v) Safeguarding Prevent Self-Assessment – Ms Skerritt spoke to a circulated report and informed members that Prevent is part of the Government's Counter Terrorism Strategy – Contest. The report outlined the responsibilities of specified authorities with specific focus on NHS role and responsibilities and contained an action plan which highlighted Blackpool CCG's current position against requirements and the proposed future action and activity. Ms Skerritt informed members that the Quality and Engagement Committee had reviewed the report noting the requirements for NHS organisations and Blackpool CCG. Ms Skerritt reported that the CCG is compliant at the current time.

RESOLVED: That members receive the report.

(vi) Review Terms of Reference and Membership of the Quality and Engagement Committee – The Secretary informed members that Mr Raphael, the former Chief Finance Officer had been a member of the committee so that there was coverage between both the Quality and Engagement Committee and Finance and Performance Committee. Due to the changes in roles with Mr Harrison as the Chief Finance Officer across both Blackpool CCG and Fylde and Wyre CCG, consideration had been given to the best use of his time. Discussion had been held at the committee as to whether Mr Harrison was required at meetings regarding the cross fertilisation across committees. The view was taken that there was no requirement for Mr Harrison to be a member of the Quality and Engagement Committee. Members were asked, therefore, to approve the removal of the Chief Finance Officer from the Terms of Reference and Membership.

RESOLVED: That members approve the amendment to the Quality and Engagement Committee Terms of Reference and Membership to remove the Chief Finance Officer within the membership.

ACTION: LJT

(b) Finance and Performance Committee:

(i) 26 April 2016:

RESOLVED: That members receive the minutes of the meeting.

(ii) 24 May 2016:

RESOLVED: That members receive the minutes of the meeting.

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(iii) Update from the Meeting Held on 28 June 2016 – Mr Edmundson confirmed that items discussed at the committee had been included on the agenda and made particular reference to the performance and financial reports for both 2015/16 year end and 2016/17.

RESOLVED: That members receive the update.

(c) Primary Care Commissioning Committee – Update from the Meeting Held on 7 June 2016 – The Chairman informed members that discussion had been held at the committee in respect of the support to vulnerable practices pilot programme and the updates relating to the Estates and Technology Transformation Fund, PMS Reviews and APMS.

RESOLVED: That members receive update.

(d) Audit Committee

(i) Update from Meeting Held on 26 May 2016 – Mr Edmundson informed members that the Audit Committee, under delegated authority, had approved the Annual Report and Accounts 2015/16. Discussion had also been held in respect of the Unscheduled Primary Care Procurement and Managing Conflicts of Interest.

RESOLVED: That members receive the update from the meeting.

(ii) MIAA Anti-Fraud Services Annual Report 2015/16:

RESOLVED: That members approve the MIAA Anti-Fraud Services Annual Report 2015/16.

(iii) Annual Report of the Audit Committee Year Ended 31 March 2016:

RESOLVED: That members approve the Annual Report of the Audit Committee for 2015/16.

(e) Remuneration Committee – Review of Terms of Reference and Membership – The Secretary informed members that a review of the Terms of Reference and Membership of the Remuneration Committee had been undertaken at a recent meeting of the committee. An amendment was proposed at Section 6.4 in respect of decisions to be made in respect of Lay Members remuneration and conditions of service will be delegated to the Accountable Officer, supported by the HR Adviser.

RESOLVED: That members approve the amendment to the Terms of Reference and Membership of the Remuneration Committee.

ACTION: LJT

(f) Health and Wellbeing Board – 12 April 2016:

RESOLVED: That the minutes be received.

(g) Lancashire Clinical Commissioning Groups Network – 31 March 2014:

RESOLVED: That the minutes be received.

(h) Collaborative Commissioning Board – 12 April 2016:

RESOLVED: That the minutes be received.

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GB107/16 Any Other Business

There were no issues.

GB108/16 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 6 September 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