NHS
Blackpool
Clinical Commissioning Group

Approved 1 November 2016

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 6 September 2016 in the Boardroom, Blackpool CCG

Part I

Present:
Mr R Fisher, CCG Chairman
Dr M Williams, GP Member/Vice Chairman (from Item GB131/16(b))
Dr A Doyle, Chief Clinical Officer
Mr D Bonson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer
Mrs H Williams, 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 A Rajpura, Director of Public Health (from Item GB131/16(a))

In Attendance:
Mrs Y Rispin, Director of Ambulance Commissioning
Mr G Cain, Chairman, Health and Wellbeing Board
Mrs H Lammond-Smith, Head of Commissioning (for Items GB133/16 and GB134/16)
Miss L J Talbot, Secretary to the Governing Body

Public Attendees:
Mr M McIllmurray, Non-Executive Director, Blackpool Teaching Hospitals NHS FT
Dr A Whitfield, Palliative Medicine Consultant, Blackpool Teaching Hospitals NHS FT
Ms L Rhodes, GP Liaison Officer, Spire Fylde Coast Hospitals
Ms T Jackson, Takeda
Mr G Davidson, Connect Health

Welcome and introductions were made at the meeting. In particular, the Chairman conveyed his congratulations to Mrs Williams (formerly Ms Skerritt) on her recent marriage.

GB126/16 Apologies for Absence

Apologies for absence had been received from Mr Alizai, Dr Singh and Mr Molyneux (Healthwatch).

GB127/16 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/

GB128/16 Minutes of Meetings

(a) 5 July 2016

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

(b) 2 August 2016

RESOLVED: That the minutes of the meeting held on 2 August 2016 be approved as a correct record.

GB129/16 Matters Arising

(a) Meeting Held on 5 July 2016 – GB105/16(f) – Musculo-skeletal Pathway (MSK) – Mr Bonson confirmed that the MSK Service had commenced and referrals were being made into the service.

(b) Meeting Held on 2 August 2016 – No issues.

GB130/16 Chairman's Communications

Fylde Coast NHS Health Event and Annual Meetings 2015/16 – The Chairman reminded colleagues of the joint AGM event on 29 September 2016 commencing at 4.00 pm through to 7.30 pm at Lowther Pavilion, Lytham. The Secretary commented that the programme was being finalised in preparation for the meeting.

Dr Rajpura arrived at the meeting.

GB131/16 Finance and Performance Dashboards

(a) Finance Report Including QIPP Update - Mr Harrison spoke to a circulated report. He explained that the date the Financial Recovery Plan was required by NHS England was prior to the CCG's formal processes. Colleagues at NHS England would be advised that the draft Financial Recovery Plan would be submitted to them prior to committee and Governing Body discussion however, the Plan would be taken through the Governing Body route during the next round of meetings.

Mr Harrison took members through the information relating to the risks to the financial plan:

- Activity over performance on payment by results contracts.
- Market share shifts across providers.
- Over performance on mental health (out of area treatments) 2015/16 levels.
- Developments not progressing at the expected rate for new models of care.
- Delays in progressing other QIPP schemes.
- Continuing health care and funded nursing care expenditure.
- Prescribing over performance.

Mr Harrison explained that risk mitigation was being developed for the above areas, some of which related to the deployment of reserves. Identified mitigations were currently insufficient to meet the total risk and further information was provided within the report relating to total risks and mitigations.

Mr Harrison explained that the CCG is behind its planned surplus at M4 and the target surplus of £1.175m for the year was at risk.

The CCG has a QIPP target of £6.4m net of investments. Mr Harrison explained that at M4, QIPP delivery was off track to date and to forecast. A separate report was provided with the papers and Mr Harrison explained that the current forecast was looking like a £3m saving.

Mr Harrison explained the financial position at M4:

- £24,000 surplus which represented a £360,000 over spend against plan.
- Year-end forecast showed achievement of £1.17m surplus (0.5%).

Mr Harrison drew members' attention to the information relating to Use of Reserves and explained that an additional column had been included 'Phased into Position'. Mr Harrison explained that some of our reserves had already been utilised in assigning the £24,000 surplus. There was currently £5.177m unutilised reserves at M4 for the remainder of the year.

Mr Edmundson sought clarification as to what extent the reserves could be called upon and Mr Harrison commented that we would struggle to achieve the target that we had set ourselves.

(b) **Performance Summary – June 2016 –** The Secretary explained that due to timings of reports, the report submitted to the Finance and Performance Committee had been sent out with the Governing Body agenda however, since then, the overall performance summary report specific for the Governing Body had been issued and replaced the previous report.

Mr Bonson spoke to a circulated report which was a high level summary of performance. He explained that there would be a new series of metrics being issued which would be built into the performance report.

Dr Williams arrived at the meeting.

Mr Bonson explained that urgent care systems were under pressure across the North West and nationally. The A&E four hour wait national target was not being achieved. We were starting to see some improvement however, during the last week it had gone back to under trajectory. A Recovery Plan had been drawn up in order to try and turn this position around. Mr Bonson explained the position relating to ambulance handover and turnaround which were also being affected due to the issues within A&E. The system had not recovered from the winter period and had not abated.

Mr Bonson explained that the IAPT access figure had decreased however, the following month it had increased. A quarterly figure is reported and an action plan had been put in place to improve the recovery rate. Mrs McKenzie-Townsend sought clarification as to why there was a deterioration however, Mr Bonson was unsure but commented that overall, there were improvements although in-month fluctuations.

Mr Brown asked whether capacity could be flexed however, it was commented that we had not been able to flex it down. Mr Bonson commented that we continue to run at winter levels and had been unable to scale this down. The ambulance service was undertaking more 'see and treat' and 'hear and treat' to try and improve the position. Mr Edmundson commented however, that the next item on the agenda relating to contracts did not reflect this. If capacity is not taken out it is filled up with additional procedures. Mrs Rispin commented that overall, non-elective demand had increased. Mr

Edmundson expressed concern at the capacity management. Mr Harrison commented that providers recognise the capacity issues and that it was not sustainable. It was important that all organisations work with each other to manage this safely and effectively. It was also important that we work with providers in reducing capacity and he commented that there could be a cost to the economy which is not affordable for providers and commissioners. All issues were inter-related and this was noted.

RESOLVED: That members receive the Performance Summary Report as at June 2016.

(c) **Contracts – June 2016 –** Mr Bonson spoke to a circulated report which provided contract information in the form of dashboards. It was commented that there had been a large increase in out-patient procedures and a response was awaited from BTH as to the reasons why. This would be reported back to the Finance and Performance Committee and Governing Body in due course. **ACTION: DB**

RESOLVED: That members receive the Contract Dashboard information as at June 2016.

(d) **GP Referrals – June 2016 –** Mr Bonson spoke to a circulated report which provided an overview of GP referrals for Blackpool CCG as at M3 (June 2016). Mr Bonson explained that a new referral management system had been introduced relating to procedures of limited clinical value. Dr Doyle commented that a programme of visits had been undertaken to all practices that have a large number of referrals and these were being addressed.

A question was asked as to the reasons why there was a big increase in referrals to the University Hospitals of Morecambe Bay NHSFT. It was commented that this may be due to recalls of breast screening however, Mr Bonson would check that this was the case. **ACTION: DB**

RESOLVED: That members receive the GP Referrals Report for M3 (as at June 2016)

GB132/16 **Clinical Policies Update**

Mr Bonson spoke to a circulated report which provided an update to members about the ongoing Engagement Strategy relating to Clinical Policies, Stage 1 and Stage 2 Procedures of Limited Clinical Value (POLCV) and Prescribing for Clinical Need.

A Referral Management Centre within the CCG had commenced on 1 September 2016 which provides in-house triage for POLCV that had already been adopted by the CCG. A prior approval process in the Acute Trust would be rolled out. Mr Bonson made reference to communication and engagement with the public and activity with stakeholders regarding this which had been split into two distinct phases – Phase 1 related to the amended statement of principles and the general policy for decision making documents with focus groups held across Lancashire, with one specifically in Blackpool, for patients to share their views on the draft documents. An online survey had also been developed for those unable to attend any of the events. Phase 2 of the communications and engagement activity will centre on the details of the draft policies. Engagement with the public and stakeholders was currently underway on a pan Lancashire basis regarding the draft Assisted Conception Policy and Cosmetics Policy. Engagement was in the form of a survey and planned focus groups due to take place in Blackpool on 12 and 15 September 2016. Mr Bonson explained that locally, the CCG is also seeking views from the public and stakeholders on which POLCVs should be added to the current list. A survey had been developed and distributed amongst the CCG's networks and members of the public were also being encouraged to attend one of the CCG's regular drop-in and engagement sessions during September to share their views.

In respect of Stage 1 POLCV, the CCG's Clinical Leadership Team recommended the following policies to the Governing Body for approval:

- Surgical Release of Trigger Finger
- Spinal Cord Stimulation

Mr Bonson explained that it was not the intention to bring all of the policies to the Governing Body as it had been agreed previously that Dr Doyle, the CCG's Chief Clinical Officer/Accountable Officer be given delegated authority to agree to the work to be taken forward and implemented as quickly as possible and then to report back to the Governing Body.

Mr Bonson made reference to the Stage 2 POLCVs/Additional Procedures which were subject to CCG agreement. The CCG's Clinical Leadership Team would be discussing a further list of policies.

Mr Bonson informed members that the CCG would be introducing a Prior Approval Scheme which will require all providers to seek approval from the CCG before undertaking particular POLCVs. He then made reference to prescribing for clinical need and reminded members that the CCG had already introduced a number of initiatives to reduce expenditure in GP prescribing for which public engagement and communication programmes had been undertaken. Mr Bonson explained that the latest proposal currently out to public engagement was prescribing for clinical need whereby clinicians will be requested only to prescribe medicines which are known to be clinically effective and provide a health benefit to patients at a cost which is acceptable to the local health economy. The CCG is advocating patients should self-fund their own care for the management of self-limiting, minor ailments by the purchasing of over-the-counter preparations rather than these medicines being prescribed by their GP or their health care practitioner.

Dr Rudnick sought clarification as to whether there would be a 'user friendly' leaflet to patients relating to prescribing for clinical need, eg Calpol. Mr Bonson commented that consideration could be given to this and recognised the importance of the correct communications in the public domain.

Mr Edmundson sought clarification as to how sure we are that consultants support this and whether it could then turn into a public debate. Mr Bonson informed members that discussions had been held with the Medical Director of BTH at a recent meeting of the CCG's Clinical Leadership Team. Further primary care and secondary care discussions were required. Mr Edmundson sought clarification as to how supportive the Medical Director is of these procedures and Dr Doyle commented that there had been a number of discussions with providers and for them to liaise with consultants. She commented that some areas we are not undertaking as there is not enough evidence that they are clinically effective. This was about prioritisation and the most effective use of resources available. It was recognised that there is a degree of reluctant acceptance and it was important that the areas we are looking at are those of low clinical priority. It was commented that the Medical Director at BTH was supportive of the work we are undertaking however, it was recognised that others may not be so supportive.

Mr Brown asked whether there was clarity and what criteria would be used as to whether a patient would or would not have a procedure. It was commented that the policy would be followed. He also asked whether we had considered implications of this and whether there could be costs outside the scope of this. Dr Doyle commented that it was about clinical interventions for marginal gain. Reference was made to a national commitment to caesarean sections and this was noted however, Dr Doyle commented that we cannot afford to undertake all procedures. Dr Augustine commented that if a patient has a procedure undertaken privately, there could potentially be a bigger cost for after care. This was a valid point made by Dr Augustine and there may be a requirement to include a

paragraph within the policy that if a patient has a procedure undertaken privately, the NHS cannot pick up the later costs or any further work relating to that procedure. **ACTION: DB**

Dr Rajpura commented that we would need a national steer and that we could be creating inequity across the country and it was important we give surgeons clarity on this. Dr Doyle commented that it was intended that a proposal would be issued over the next few weeks delegated to a group to finish off the work and then for the joint committee of CCGs to take this forward. It was anticipated that we would then have consistency across the patch.

RESOLVED: That the Governing Body:

- **Note the contents and receive the report.**
- **Approve the Surgical Release of Trigger Finger Policy as recommended by the Clinical Leadership Team.**
- **Approve the use of the NICE TA (159) and recommend withdrawal of the CCG's existing Spinal Cord Stimulation Policy.**
- **Support the remaining work to ensure that a consistent set of policies are developed across the county and to approve the decision for Blackpool CCG to adopt these before Lancashire acknowledging the outputs from the local engagement process.**
- **Note that as previously agreed by the Governing Body, Dr Doyle, Chief Clinical Officer/Accountable Officer continue to have delegated authority to agree on such proposals as previously agreed.**

GB133/16 <u>Equipment in Care Homes Policy</u>

Mrs Lammond-Smith spoke to a circulated report as recommended by the CCG's Clinical Leadership Team which requested Governing Body approval of the Joint Blackpool CCG and Blackpool Council Equipment in Care Homes Policy.

Mrs Lammond-Smith explained that the policy had been developed with input from a number of organisations and had been out for consultation to all care homes in Blackpool with a Blackpool Council contract.

It was explained that the policy aims primarily to provide clarity, guidance and a clear process for the CCG, Blackpool Council, care homes and clinicians who are prescribed with assisted and adaptive equipment. The process also includes the utilisation of the existing IPA Panel to approve/not approve equipment provision over £1,000 in line with the Care Act. Members were informed that as a joint policy, approval had been gained from Blackpool Council via their Adult Executive Group.

Dr Williams commented that it was a useful policy and provided a clear steer on what is provided.

Mrs Williams sought clarification as to whether an impact assessment had been undertaken and Mrs Lammond-Smith confirmed this.

Dr Augustine sought clarification as to whether the procedure relating to hoisting patients had changed however, Mrs Lammond-Smith commented that this had remained the same.

Mrs Lammond-Smith explained that the policy makes it clear what the responsibilities are and the process and it was also commented that the policy would be useful for practice staff.

RESOLVED: That the Governing Body approve the Equipment in Care Homes Policy.

GB134/16 Fylde Coast Strategy for Cancer 2016-2021

Mrs Lammond-Smith spoke to a circulated document which was a Fylde Coast Cancer Strategy for 2016-21 which had been developed in conjunction with the key stakeholders of the Fylde Coast Cancer Steering Group including Blackpool CCG, Fylde and Wyre CCG, Blackpool Teaching Hospitals NHSFT, social care and public health.

Mrs Lammond-Smith took members through the background to the work undertaken on the strategy and explained that following final approval, an action plan to prioritise and implement components of the strategy would be developed by the Fylde Coast Cancer Steering Group.

Mr Edmundson commented that quite often, patients have to travel for treatment. He asked whether this is conveyed to patients so that are aware that treatment may not be undertaken locally. Dr Doyle commented that early diagnosis is local and after care is local however, acute specialist intervention is often out of the area. Mr Harrison commented that the strategy had been built on a national strategy and would be built on via the STP. He reminded colleagues that this is a strategy for the Fylde Coast residents.

Mrs McKenzie-Townsend confirmed that the PPNG and the PPI Forum had been involved in the engagement of the strategy.

RESOLVED: That members approve the Fylde Coast Strategy for Cancer 2016-21 as recommended by the Clinical Leadership Team noting the implementation and delivery of the plan which would be led by the Fylde Coast Cancer Steering Group.

Mrs Lammond-Smith left the meeting.

GB135/16 Emergency Preparedness, Resilience and Response (EPRR) – Assurance Framework

Mrs Rispin spoke to a circulated report and reminded members of the process undertaken in the previous year. The Governing Body had approved the Major Incident Plan, Business Continuity Plan and the Emergency Planning and Resilience Policy in July 2015. The documents had since been updated to reflect any changes and were appended with the report. In addition, a framework for the role of the CCG in the event of a flu pandemic had been prepared as part of the assessment process and the document also appended with the report.

Mrs Rispin explained that CCGs are required to take a more active role in reviewing its local health economy acute provider self-assessment prior to the formal submission to NHS England before 23 September 2016. Work was currently taking place in order to meet this timescale.

Mrs Williams commented that work was ongoing as identified by Mrs Rispin in respect of the core standards.

RESOLVED: That the Governing Body:

- **Agree the updated Major Incident Plan, Business Continuity Plan and Emergency Planning and Resilience Policy.**
- **Agree the Flu Pandemic Framework.**
- **Agree the submission of a fully compliant EPRR Self-Assessment.**

GB136/16 Governing Body Assurance Framework

Mr Bonson spoke to a circulated report which provided members with an update on the status of the CCG's Governing Body Assurance Framework (GBAF). The framework had been updated to reflect the changes in the managed risks of the CCG with a risk score of 12 and above.

In respect of the Risk Register, the template had been redesigned and the full CCG Risk Register had undergone an in-depth review to ensure that risks are described accurately and risk scores are at an appropriate level. Mrs Williams explained that all closed risks that had been identified were captured for audit purposes on a closed Risk Register tab including the rationale for closing the risk.

The process in future would be that the Risk Register would be monitored by the Executive Team on a bi-monthly basis and would then be submitted to the committees.

With regard to the GBAF, which is based on the updated Risk Register, the final GBAF was agreed by the Executive Team in order to provide assurance to the Governing Body that the relevant risks were being monitored and the appropriate level of assurance was being provided. The CCG's Risk Register includes 13 risks with a score of 12 and above which had, therefore, been included on the GBAF.

Mr Bonson explained that a risk manager from the CSU will review the document with risk owners on a monthly basis and then update the document.

The GBAF had been split into the following sections:

- Finance
- Corporate
- NHS Constitution targets

It had been agreed that any committee of the CCG which identifies a potential risk will complete a risk assessment form which would be submitted to the CSU Corporate Governance and Risk Manager and reviewed at the Executive Team prior to entering on the Risk Register.

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

GB137/16 Minutes/Action Notes of Meetings and Associated Documents

(a) Quality and Engagement Committee:

(i) Ratified Minutes of the Meeting Held on 10 May 2016

RESOLVED: That members receive the ratified minutes of the meeting.

(ii) Update from the Meeting Held on 12 July 2016 – Mr Brown provided an update for the meeting and confirmed that the next sub item on the agenda had been included.

(iii) BCCG Safeguarding Annual Report 2015/16 – Mrs Williams took members through the report which was an overview of activity during 2015/16 and work to be undertaken during 2016/17. She particularly highlighted:

- Safeguarding mandatory training percentages and uptake.
- Scrutiny assurance both internally and externally.

Mrs Williams commented that this was the first report in in this style and welcomed feedback. Members commented that it was a very useful document.

RESOLVED: That members approve the BCCG Safeguarding Annual Report 2015/16.

(b) Finance and Performance Committee:

(i) Ratified Minutes of the Meeting Held on 28 June 2016

(ii) Ratified Minutes of the Meeting held on 26 July 2016

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

(iii) Update from the Meeting Held on 23 August 2016 – Mr Edmundson commented that general discussion had taken place at recent meetings on the financial position and the QIPP savings. The committee had spent a lot of time on the financial position noting the work taking place on contracts. Mr Edmundson also commented that cancer waiting times were fluctuating (RAG ratings green and red month to month) and further work was being undertaken around this to ascertain the reasons why. One comment had been made that it could be due to delays in treatment through choice where patients may go on holiday however, it was important that the appointments are filled with other patients available.

RESOLVED: That members receive the update from the meeting held on 23 August 2016.

(c) Primary Care Commissioning Committee

(i) Ratified Minutes of the Meeting Held on 7 June 2016

(ii) Update from the Meeting Held on 2 August 2016

RESOLVED: That members receive the ratified minutes of the meeting.

(d) Health and Wellbeing Board:

(i) 8 June 2016

(ii) 20 July 2016

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

(e) Collaborative Commissioning Board:

(i) Ratified Minutes of the Meeting Held on 10 May 2016

(ii) Ratified Minutes of the Meeting Held on 12 July 2016

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

GB138/16 Any Other Business

There were no issues**.**

GB139/16 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 1 November 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).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman .....

Date .....