

Subject to Ratification at the Next Meeting

## Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 3 March 2015 in the Boardroom, Blackpool CCG

### Part I

- Present:
- Mr R Fisher, CCG Chairman
  - Dr M Williams, GP Member/Vice Chairman
  - Dr D G Edmundson, Lay Member
  - Mr C Brown, Lay Member
  - Mrs C McKenzie-Townsend, Lay Member
  - Mr D Bonson, Chief Operating Officer
  - Mr G Raphael, Chief Finance Officer
  - Ms H Skerritt, Chief Nurse
  - Dr L Rudnick, GP Member
  - Dr S Green, GP Member
  - Dr C Augustine, GP Member
  - Dr S Fairhead, 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 A Roach, Director of Integration and Transformation
  - Miss L J Talbot, Secretary to the Governing Body
  - Mrs J Heardman, Booking and Choice Manager (for GB42/15)
  - Mrs H Lammond-Smith, Head of Commissioning (for GB46/15)
  - Mr S Hemingway, Napp Pharmaceuticals
  - Mr M Frances, Boehringer Ingelheim
  - Ms L Singleton, AstraZeneca
  - Mrs M Nye, 38 Degrees

**Mr Fisher welcomed everybody to the meeting and introductions were made.**

#### **GB37/15 Apologies for Absence**

Apologies for absence had been received from Dr Doyle, Dr Martin and Dr Singh. Retrospective apologies had also been received from Mr Blackburn.

#### **GB38/15 Declarations of Interest Relating to the Items on the Agenda**

**RESOLVED:** That the following declarations of interest expressed by members be noted:

- Dr Williams, Dr Fairhead, Dr Rudnick and Dr Martin, members (£1 Guarantee Holder) FCMS (NW) Limited.
- Dr Augustine and Dr Fairhead undertake ad hoc sessions for FCMS (NW) Limited.
- Dr Rajpura as a Director at Blackpool Council.
- Dr Augustine as a Partner of Pharmisense Pharmacy LLP.
- Mr N Alizai, Shareholder, Surgical Innovations.
- Mrs C McKenzie-Townsend, Chair, Blackpool, Wyre and Fylde Mental Health Forum, Member, Blackpool Teaching Hospitals NHS Foundation Trust and, Member, Lancashire Care NHS Foundation Trust.
- Mr A Jude, Trustee, North West Air Ambulance.

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**GB39/15 Minutes of the Meeting Held on 13 January 2015**

**RESOLVED:** That the minutes of the meeting held on 13 January 2015 be approved as correct record.

**GB40/15 Matters Arising**

- (a) **GB/13/15 Safeguarding** – Ms Skerritt informed the members that Mr Sanders, Chair of the Blackpool Safeguarding Children’s Board would be attending meetings of the Clinical Leadership Team and Practice Link on a quarterly basis.
- (b) **GB14/15 Equality and Inclusion Annual Compliance Report 2014/15** – The Secretary confirmed that the report had been published on the CCG’s website.
- (c) **GB15/15 Public and Patient Engagement Strategy** – Ms Skerritt had strengthened the wording as requested making reference to a systematic evidence based approach in tackling hard to reach groups. The Secretary confirmed that the final version had been published on the CCG’s website.

**GB41/15 Chairman’s Communications**

Members were provided with the following information:

- (a) **Integrated Pioneer Wave 2** – Mr Roach informed members that Blackpool CCG, Fylde and Wyre CCG and the Hospital’s Trust had been chosen to be an Integrated Care Pioneer as part of the second wave of the programme. Work would commence with 10 other organisations which had also been chosen, working with NHS England on a support package. Mr Roach would provide further information in due course in respect of the support package and shared learning with other organisations.

Mr Roach also reported that the Fylde Coast had been shortlisted for the Vanguard scheme and Dr Doyle and colleagues from Fylde and Wyre CCG, the Hospital’s Trust and Blackpool Council were currently giving a presentation to NHS England. We await the outcome of the application.

- (b) **31 March 2015 – Governing Body Meeting held in Public** – A meeting would be held on 31 March 2015 to approve the CCG’s budgets for 2015/16. The Secretary had emailed Governing Body members to respond to her with availability in order that the meeting is quorate. The Chairman asked members to respond to the Secretary as soon as possible. **ACTION: ALL**
- (c) **Purdah** – The Chairman made reference to pre-election guidance that had been issued in the period leading up to the forthcoming General Election. Parliament would be dissolved on 30 March 2015 and it was also noted that there will be local Council elections in Blackpool. The pre-election period will start on the date that notice of the local election is officially covered which will be 16 March 2015.
- (d) **Altogether Now Community Sports Awards 2015 – 12 March 2015** – Invitations had been sent out to Governing Body members and they were asked to respond as soon as possible as a further reminder had been sent to them. **ACTION: ALL**
- (e) **RCGP Practice Accreditation Award** – The Chairman informed members that St Paul’s Medical Centre had been awarded the Practice Accreditation Award by the RCGP which was initially funded by the PCT/CCG. There are only two practices in Blackpool that have received this award, the other being

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Cleveleys Health Centre. Both the Chairman and Dr Doyle would be going to St Paul's Medical Centre for a photograph and a possible article in the Gazette. The Chairman conveyed his congratulations to St Paul's Medical Centre and Cleveleys Health Centre.

**GB42/15 Patient Choice in the NHS**

Mrs Heardman, Booking and Choice Manager gave a presentation on patient choice in the NHS. It was noted that patients have the right to choose which GP practice they register with and a right request to see a particular doctor or nurse at the practice. Patients also have the right to choose the hospital that provides their treatment, the consultant led team who provide their treatment and to be treated within 18 weeks.

The presentation covered the following:

- Factors influencing patient choice
- Top ten choices for Blackpool patients
- How choice is offered
- Useful links
- What you can do if you are not offered the choices

Discussion ensued regarding the process.

Thanks and appreciation were conveyed to Mrs Heardman for the presentation and she left the meeting.

**RESOLVED: That members receive the presentation in respect of patient choice within the NHS.**

**GB43/15 Performance Dashboards**

Mr Raphael spoke to a circulated report which included the following:

- Contracts Dashboard – Blackpool Teaching Hospitals November 2014/All providers December 2014
- Finance Dashboard January 2015

It was noted that the delivery dashboard for Q3 had not yet been received from NHS England. A report would be available at future meetings to provide more timely information on performance against the key assurance targets.

Mr Raphael commented that there was a mistake within the major risks box in Appendix 2 of the finance dashboard which should have stated "***We have made the Area Team aware that the full 1% surplus is at risk.....***" The Secretary would ensure the amendment is made to the report and updated on the website.

**ACTION: LJT**

Mr Raphael informed members that in the previous month, it was reported that the CCG had used all the potential mitigations it had to bring the financial position in at the required control total. He went on to say that any further deterioration would mean that we would be unable to achieve the control total. Members were informed that overall position had deteriorated by approximately £150,000. The sub regional finance team had been made aware that we believe the control total is now undeliverable and on their advice we have maintained the forecast at £2,310,000

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underspending but in reality we can only deliver that if we underspend against the plan for the next two months which seemed unlikely. Mr Raphael commented however that we would continue to strive for improvements on this over the next two months.

Prescribing expenditure appeared to have reduced. Hospital expenditure for non-electives was 7% up on activity and 10% up on the plan. It was recognised that there were some big variances in the hospital sector.

We were still unsure as to why non-elective admissions were higher and Ambulance activity was high. Mr Jude informed members that more incidents of "Hear and Treat" and "See and Treat" were being undertaken. Ambulance conveyance was flat and GP referrals were up by 1%. Mr Raphael confirmed that we were currently on the wrong side of the financial surplus. He informed members that we had received, earlier in the day, a detailed report from the CSU on non-elective admissions and he would share the information with members if required.

Mr Raphael reported that we have commissioned extra work from the CSU and we now require sufficient time to look at it in more detail. The Finance and Performance Committee had also discussed the work undertaken by CSU colleagues and a larger piece of work has been commissioned. Mr Brown suggested that a clinician take this forward more detail. The Chairman commented that the report should be looked at and taken to the Clinical Leadership Team for further consideration. Mr Edmundson also commented that the Finance and Performance Committee had also asked a number of questions and looked at the different areas recognising that we need some clinical input into it.

Mr Bonson took members through the contract dashboards.

Dr Rajpura commented that it was unsustainable and that we would have to have a different strategy in going forward. Mr Edmundson commented that the discussion at the Finance and Performance Committee was that we should retain the planned investment and the planned enhanced services. Discussion ensued regarding contracts and tariffs. Dr Rajpura made reference to the ageing population. It was recognised that there were future workforce issues in respect of GPs. He commented that we have a population that works to this particular clinical model and a lot of work needed to be undertaken to stop people turning up at A&E.

**RESOLVED: That members note the performance and the comments made in the discussion and receive the performance dashboards.**

**GB44/15 Financial Reports**

**(a) Tariffs 2015/16** - Mr Raphael informed members that a letter had been issued to CCGs in respect of next year's NHS funding and contracting round. Mr Raphael gave a presentation in respect of the provider tariff options which included information on:

- Context
- Original proposals
- Aims of the new proposals

**(b) Financial Planning Issues for 2015/16** - A report had been submitted to the February meeting of the Finance and Performance Committee on the financial planning issues for 2015/16. Mr Raphael had then adapted the report to reflect the discussions held which was presented to members. He went through the report in detail and in particular, he drew members' attention to the draft financial plans

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submitted in January which outlined the essential elements of the draft plan. Reference was made to the £6.3m savings, essentially to balance the planned levels of activity and make funding available for the transformation programme. Mr Raphael was unsure whether we could find the £6.3m and consideration would need to be given to consider what savings could be made.

Mr Raphael made reference to the outcome of the Committee's discussions which were:

- That commissioning of extensive care services had to continue. It was unlikely that the budgeted cost of £2m will be required in 2015/16.
- That the CCG must continue to develop enhanced primary care services, but consideration must be given by management to seeking developments within community services through the re-prioritisation of existing services with a smaller amount reserved for 'facilitation' funds.
- The money identified recurrently for the general practice £5 per head should continue together with a focus on evaluating the effectiveness of the services in reducing non-elective admissions to hospital.
- In areas where assumptions have been made on continuing overspending, management needs to develop sound plans that show how such costs could be reduced. A particular example is prescribing.
- The Committee also asked that existing spending should be scrutinised to identify areas where spending is ineffective and should therefore be stopped.
- The CCG should plan to achieve the required surplus, so long as the organisation is able to make good progress against its transformation plans and can assure the Governing Body on its savings plans.

Mr Brown sought clarification as to whether we could achieve the £6.3m saving and Mr Raphael equated it to approximately 2½% of the budget. Members were informed that GP practices had submitted bids however, further work would need to be undertaken on the required reduction in non-elective activity.

Mr Brown suggested that consideration could be given to another QIPP programme. Mr Raphael commented that we have a cap on contracts. He reminded members that this was not the full budget report as this would be submitted to the meeting on 31 March 2015. Mr Raphael wanted to ensure that members were apprised of the situation at the current time. Mr Edmundson also confirmed that at the time we did not want to set targets if the savings could be made.

**RESOLVED: That members receive the update in respect of the tariffs for 2015/16, noting the discussion held by the Finance and Performance Committee and endorse the approach recommended.**

**GB45/15 Stroke Pathway Deep Dive**

Ms Skerritt provided a verbal update in respect of the stroke pathway deep dive:

- Blackpool CCG will be working with Fylde and Wyre CCG to review the 60 page report.
- A feedback session would be held the following week with patients and carers who had assisted with the review. A session would also be held in Wyre to provide feedback to patients in the Fylde and Wyre CCG area.
- This is one of our key steps to provide feedback through the Quality and Engagement Committee.

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- A provider feedback event would be held during April/May with patients and carers however, we would need to be mindful of the period of Purdah.
- We would wish to work with the GP practices on the TIA assessment referral process. We are currently working with BTH colleagues to improve the assessment referral process on TIA. Risk assessment work had been held across the bigger health economy. The referral form had been through the Clinical Leadership Team, the Quality and Engagement Committee and Fylde and Wyre CCG for review and had been signed off by the BTH Consultants for submission to the Trust Records Group. It would then be issued in a pack and Dr Augustine suggested that a flowchart would be helpful and could be included in the pack. He would liaise with Ms Skerritt outside of the meeting. ACTION: HS/CA
- There continued to be a lot of work to be undertaken over the next 12 months and a Task and Finish Group had been set up with Healthwatch involvement.
- A more detailed report had been submitted to the Quality and Engagement Committee and Ms Skerritt would continue to update members.

**RESOLVED: That members receive the update in respect of the Stroke pathway deep dive.**

**GB46/15 Winterbourne View Concordat Update**

***Mrs Lammond-Smith joined the meeting.***

Mrs Lammond-Smith spoke to a circulated report which had also been submitted to the February meeting of the Health and Wellbeing Board. The report provided background information to the Winterbourne View Concordat and Mrs Lammond-Smith took members through the progress undertaken to date:

- A register had been completed which provided key information on each individual who meets the Winterbourne criteria and in Blackpool, there are seven such individuals. Information was provided within the report and all seven of the individuals had an assigned case worker and are appropriately placed and safe.
- Following a market mapping exercise, a number of gaps in local provision were identified and the three main areas of concern in Blackpool were contained within the report. The report also provided information on the work currently underway to address the gaps in the service.
- The commissioner for learning disabilities within the local authority was leading on the areas of work in collaboration with the Head of Commissioning at the CCG and the community learning disability team. The report provided information on the work taking place in respect of the seven individuals on the Winterbourne register.
- It was noted that NHS England had commissioned Sir Stephen Bubb, Chief Executive of the Association of Chief Executives of Voluntary Organisations to lead a review to explore how a new national commissioning framework might be delivered locally to develop the appropriate community provision required to move people out of inappropriate institutional care. The Bubb Report was published in November 2014 and set out a roadmap for action. Mrs Lammond-Smith provided information on the top line recommendations within the Bubb Report.

Mrs Lammond-Smith took members through the implications and the next steps.

It was noted that the scrutiny and reporting routes were through the Health and Wellbeing Board and the CCG Governing Body. Members were informed that there are weekly teleconferences and reports into the Department of Health. It was important that Governing Body members have assurances that there are processes in place and that the seven individuals are in appropriate settings to address their needs.

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**RESOLVED: That members receive the update report and note the next steps to be undertaken.**

*Mrs Lammond-Smith left the meeting*

**GB47/15 Unscheduled Primary Care Procurement Update**

Mr Roach spoke to a circulated report and reminded members of the agreement to pause the reprocurement process for the Primary Care Unscheduled Care Service and the subsequent decision in September 2014 to extend the existing contract to March 2016. Work had been taking place in the background with Senior Managers from both Blackpool and Fylde and Wyre CCGs to consider factors leading to the pause of the procurement. It was noted that Fylde and Wyre CCG has a separate out of hours contract extended to March 2016 and are associates to the Primary Care Assessment Unit and the DVT arrangements within the Unit.

Mr Roach informed members that both CCGs, supported by the ECIST, held a stakeholder event in February 2015 to engage with potential providers and give an overview of existing provision of a range of unscheduled and emergency care services on the Fylde Coast. ECIST colleagues had agreed to draw up group work feedback from the event and collate into themes. A further engagement event was planned.

Mr Roach also informed members that the Unscheduled Primary Care Procurement Project Board would be reconvened in March to include colleagues from Fylde and Wyre CCG. A timetable was appended with the papers. It was also intended that a presentation would be given to update the local PPI Forum scheduled for March. Ms Skerritt sought clarification with regard to Lay involvement and Mr Roach commented that Healthwatch would be part of it as previously. It was commented that we should also have other Lay involvement from the PPI Forum and it was recognised that the wider stakeholder engagement needed addressing.

Dr Fairhead commented that we would need to ensure that this is transparent and inclusive and that we would need to involve more people. Further discussion would be held at the Practice Link Meeting. Mr Roach would also review the timeline.

Mr Brown commented that the model needed to contribute to the financial context and we would need to extend it to wider clinical professionals. Mr Edmundson expressed concern regarding the timeline in which the specification has to be written and submitted to the Governing Body on 5 May 2015. His comments were noted.

**RESOLVED: That members note the update and Mr Roach noted the issues in respect of the proposed timeline.**

**GB48/15 Primary Care Co-commissioning**

- (a) **Approval for Delegated Arrangements** – The Chairman had received a letter from NHS England confirming that Blackpool CCG had been approved to take on delegated responsibility for NHS England's specified general medical care commissioning functions from 1 April 2015 as per the functions set out in the forthcoming delegation agreement. The delegation agreement was awaited and once received, it would need to be signed and returned to NHS England.
- (b) **Primary Care Commissioning Committee – Draft Terms of Reference and Membership** – The draft Terms of Reference and Membership had been submitted for comment. It was noted that the first paragraph required further information which was awaited from NHS England regarding certain

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specified primary care commissioning functions. Within the core membership, there is a requirement for there to be two CCG GP members of the Governing Body. As the meetings would be held in public, it was suggested that they should be held on the same day as the CCG Governing Body meetings held in public, commencing approximately two hours before at 11.00 am. It was reported that Dr Doyle had gained a consensus as to who would be available. Dr Rajpura commented that recognition needed to be made in respect of transparency of the proposed committee. Discussion ensued regarding the arrangements and it was suggested that further discussion be held amongst the GP members of the Governing Body at the next meeting of the CCG Clinical Leadership Team.

In respect of the role of the committee at paragraph 11, Mr Brown suggested that an additional bullet be included evaluating the effectiveness of primary medical services or words to that effect. The Secretary would liaise with Mr Naylor outside of the meeting and would amend the document accordingly.

ACTION: LJ/HN

**RESOLVED: That members:**

- **Note the letter of approval for delegated arrangements recently received by NHS England.**
- **Approve the Terms of Reference and Membership subject to the amendment to be made and subject to the additional information for inclusion in the first paragraph.**

**GB49/15 Risk Register – High Risks Scoring 15 and Above**

Mr Raphael and Mr Bonson spoke to a circulated report which provided two risks contained within the Risk Register scoring 15 and above which were:

- Financial Issues – Score – RAG Rated Red 16
- A&E Waiting Times and Referral to Treatment Waiting Times – Score - RAG Rated Red 16

In respect of the financial risk, Mr Raphael explained that being able to achieve the 1% surplus this year is currently a risk and there had been further deterioration in month ten.

With regard to the risk regarding A&E waiting times and referral to treatment, it was noted that the 18 weeks target is not being delivered and it was being closely monitored. The A&E four hour waiting time was not being achieved. It was suggested that the two risks identified within this section of the Risk Register should be split into two, ie, referral to treatment and, A&E waiting times. The suggestion was noted.

Mr Brown made reference to recent discussions at both the Audit Committee and the Quality and Engagement Committee as to scoring of mortality within the Risk Register. Ms Skerritt made reference to additional information that had been submitted to the Risk Register under the matrix information which was noted.

**RESOLVED: That members receive the Risk Register noting the actions being undertaken in respect of the two high risks scoring 16.**

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**GB50/15 Minutes/Action Notes of Meetings and Associated Documents**

**(a) Quality and Engagement Committee:**

**(i) Minutes – 10 January 2015**

**RESOLVED: That the minutes of the meeting held on 10 January 2015 be noted.**

**(ii) Safeguarding Children and Vulnerable Adults Policy** – It was noted that the policy had been taken through the Quality and Engagement Committee and was recommended for approval.

**RESOLVED: That the Safeguarding Children and Vulnerable Adults Policy be approved.**

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

**(i) Minutes – 27 January 2015**

**RESOLVED: That the minutes of the meeting held on 27 January 2015 be noted.**

**(ii) Minutes – 24 February 2015** – The minutes were not available at the current time, however Mr Edmundson made reference to the discussion held, particularly the financial position of the CCG.

**RESOLVED: That members note the verbal update from the meeting held on 24 February 2015.**

**(iii) Terms of Reference and Membership of the Finance and Performance Committee** – In light of the Primary Care Commissioning Committee being established from 1 April 2015, it had been suggested that an additional bullet point be *included "To receive periodic reports on the review, planning and procurement of primary care services in Blackpool from the Primary Care Commissioning Committee"*. This was a recommendation from the committee. The Secretary asked if a similar paragraph could be included in the Terms of Reference and Membership of the Quality and Engagement Committee and this was agreed. ACTION: LJT

**RESOLVED: That members approve the amendment to the Terms of Reference and Membership of the Finance and Performance Committee, also agreeing to a similar paragraph to be included in the Quality and Engagement Committee Terms of Reference and Membership.**

**(c) Lancashire Clinical Commissioning Groups Networks:**

**(i) 18 December 2014**

**(ii) 29 January 2015**

**RESOLVED: That members receive the minutes of the Lancashire Clinical Commissioning Groups Network meetings as outlined above.**

**(d) Collaborative Commissioning Board:**

**(i) 2 December 2014**

**(ii) 13 January 2015**

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**RESOLVED: That members receive the minutes of the Collaborative Commissioning Board meetings as outlined above.**

**(e) Health and Wellbeing Board:**

**(i) 3 December 2014**

**(ii) 28 January 2015**

**RESOLVED: That members receive the minutes of the meetings as outlined above.**

**(f) Blackpool Safeguarding Children Strategic Board – 15 December 2014**

**RESOLVED: That members receive the minutes of the meeting as outlined above.**

**(g) Blackpool Safeguarding Adults Strategic Board – Update** – Ms Skerritt commented that as minutes were not available on the public website, she provided a verbal update and informed members that an advert had been placed for an Independent Chair of the Blackpool Safeguarding Adults Strategic Board and interviews would be held at the end of March 2015.

**GB51/15 Any Other Business**

There were no items.

**GB52/15 Date, Time and Venue of Next Meetings:**

- Tuesday 31 March 2015 at 1.00 pm, Boardroom, Blackpool CCG – To approve the CCG’s budgets for 2015/16.
- Tuesday, 5 May 2015 at 1.00 pm, 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** .....