

Approved 7 November 2017

Minutes of a Meeting of NHS Blackpool Clinical Commissioning Group Governing Body Held in Public on Tuesday, 5 September 2017 in the Boardroom, Blackpool CCG

Part I

- Present:
- Mr R Fisher, CCG Chairman
 - Dr M Williams, GP Member/Vice Chairman
 - Dr A Doyle, Chief Clinical Officer
 - Dr C Augustine, GP Members
 - Dr S Fairhead, GP Member
 - Dr S Green, GP Member
 - Dr L Rudnick, GP Member
 - Dr S Singh, GP Member
 - Dr M Martin, GP Member
 - Mr D Bonson, Chief Operating Officer
 - Mr A Harrison, Chief Finance Officer
 - Mr D G Edmundson, Lay Member
 - Mr C Brown, Lay Member
 - Dr A Rajpura, Director of Public Health
 - Mr N Alizai, Secondary Care Doctor
 - Mrs H Williams, Registered Nurse Member
- In Attendance:
- Mrs J Barnsley, Director of Performance and Delivery
 - Mrs Y Rispin, Director of Ambulance and NHS111 Commissioning
 - Mr G Cain, Chairman, Health and Wellbeing Board, Blackpool Council
 - Mr J Bridge, Communications and Engagement Manager
 - Mrs E Petch, Public Health Specialist, Blackpool Council (Item GB117/17)
 - Mr S Boydell, Public Health Specialist, Blackpool Council (Item GB117/17)
 - Mrs J Harrop, Senior Commissioning Manager (Item GB117/17)
 - Mrs K Jackson, Commissioning Projects Manager (Item GB117/17)
 - Miss L J Talbot, Secretary to the Governing Body
- Public Attendees:
- Mrs M Whyham, Non-Executive Director, Blackpool Teaching Hospitals NHSFT
 - Dr E Biscoe, Public Health Speciality Trainee, Blackpool Council
 - Mr A Metcalf, Health Economy Liaison Manager, Janssen-Cilag
Pharmaceutical Representative, Vifor Pharma
 - Mr N Fogg, 38 Degrees, Blackpool, Fylde and Wyre NHS Supporters
 - Mr R Lewis, 38 Degrees, Blackpool, Fylde and Wyre NHS Supporters
 - Mrs N Nye, 38 Degrees, Blackpool, Fylde and Wyre NHS Supporters

GB111/17 Apologies for Absence

Apologies for absence had been received from Mrs McKenzie-Townsend.

Approved 7 November 2017

GB112/17 Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda

RESOLVED: That the interests declared by members of the Governing Body as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:
<http://blackpoolccg.nhs.uk/about-blackpool-ccg/corporate-information/managing-conflicts-of-interest/>

Mr Bonson declared an interest relating to the Community Health Services of Blackpool Teaching Hospitals NHSFT as his partner Mrs Holt is Director of Adult Community Services and Long Term Conditions.

GB113/17 Minutes of the Meeting Held on 4 July 2017

RESOLVED: That the minutes of the meeting held on 4 July 2017 be approved as a correct record.

GB114/17 Matters Arising

- (a) **GB86/17 Pan Lancashire and Treatment/CTRR Policy** – Advice was awaited from the Commissioners' Network meeting in relation to the policy being updated in light of new guidance issued. This would continue to be listed under Matters Arising on the agenda until such time that the policy is revised and reissued for consideration by Governing Body members. ACTION: DB/LT
- (b) **GB86/17b Information Governance Handbook and Subject Access Procedure** – It had been commented at previous meetings that information can be lost if IOS updates are undertaken. Mr Harrison explained that the IOS problem would resolve as all new IT kit will be Windows based products.
- (c) **GB87/17c Managing Conflicts of Interest** – The Secretary informed members that in light of new guidance received, it had been agreed by the Chairman of the Audit Committee that in the first instance, the CCG's policy on managing conflicts of interest would be reviewed and submitted to the Audit Committee for discussion and recommendation to the Governing Body. ACTION: LIT
- (d) **GB91/17 One Hundred Acts of Kindness/Blackpool Culture of Kindness Town** – Dr Rajpura and the Secretary had forwarded the link to Governing Body members and all staff. Dr Rajpura encouraged colleagues to carry out acts of kindness.
- (e) **GB88/17 IAPT** – There had been a query regarding access rates. IAPT was currently overachieving against all its access rates and it was improving on recovery.

GB115/17 Chairman's Communications

- (a) **2016/17 CCG Annual Assessments** – NHS England had issued the year-end assurance assessments for CCGs for 2016/17. The headline rating for Blackpool CCG was good. The rating for the CCG's quality of leadership was green and the final rating for finance was also green. Thanks and appreciation were conveyed to all colleagues for this achievement and the work that had taken place with practices and staff at the CCG had raised the rating from the previous year. Governing Body members echoed this achievement.

Approved 7 November 2017

GB116/17 Finance and Performance (as Reported to the Finance and Performance Committee)

(a) **Performance Summary – Month 3** – Mrs Barnsley spoke to a circulated report which provided members with assurance in relation to the indicators outlined in the NHS guidance for commissioners under the policy document supplementary information for commissioner planning for 2016/17. She highlighted the following:

- The CCG is working with provider organisations on recovery plans.
- The Referral to Treatment Target was deteriorating and below target.
- Cancer Waits – Performance had deteriorated in June however, four out of nine targets had been achieved compared to six of the indicators being met in May.
- IAPT Target – Exceeded the access and waiting times target in June.
- Eliminating Mixed Sex Accommodation – There had been one breach at LTH and the root cause analysis was awaited.

Dr Doyle provided more up to date information since reported in the Month 3 report and in particular, the risk relating to the A&E target which had deteriorated month on month. Whilst an action plan had been drawn up, Dr Doyle wanted to alert Governing Body members of this very high risk. She commented that it was a worrying situation to be in currently and we had not yet reached winter. The A&E performance had decreased week on week and it was explained that this was also due to the complexity of patients. It was commented that we must not underestimate the risks going into winter. Mr Alizai asked how many visitors were attending A&E or where they residents of the Fylde Coast. This information could be made available if required.

Members were also reminded of the local events over the last two weekends which included 30,000 people attending a concert and then the illuminations switch on which had a huge effect on the A&E department. Dr Doyle explained that we are aware of the dates each year and this is taken into consideration. Mr Edmundson commented that the Finance and Performance Committee had asked for the figures to be split and to identify what the actual performance is in the emergency department. Mr Brown asked whether we had been over optimistic on our QIPP schemes however, it was commented that this may not be the case. We are undertaking specific pieces of work in relation to length of stay and working with Newton Europe on delays in the system relating to delayed transfers of care. A summit would be held at the end of the week with colleagues from Newton Europe to determine how we are going to address length of stay and improve flow. It was recognised that there are huge issues in respect of flow through and then out of the hospital. More people are being admitted into hospital than patients being discharged from hospital during the day. Mr Harrison made reference to safe staffing and commented that there was something about efficiency rather than safety. Safety should not be compromised. Dr Rajpura commented that the preventative strategy did not appear to be working. Dr Singh asked if a lot of capacity had been taken out. It was commented that this had not happened and that we were still using the winter escalation beds that had not been taken out from the previous year.

RESOLVED: That members receive the report noting the high risk areas, particularly within A&E and would be kept updated accordingly.

(b) **GP Referrals – Month 3** – Mrs Barnsley spoke to a circulated report which covered GP referrals, hospital referrals and other referrals. The GP referral section also now included referrals to the Tier 2 Services. Discussion had been held at the Finance and Performance Committee regarding neurology and dermatology referrals. Clinicians are receiving a lot more referrals via fast track than they would normally receive and Dr Williams asked if these can be tracked back to the patients. Mrs Barnsley explained that the e-Referral Team was currently checking back to ascertain the reasons why.

ACTION: JB

Approved 7 November 2017

RESOLVED: That members receive the report.

(c) **Contracts Dashboard – Month 3** – Mrs Barnsley spoke to a circulated report and highlighted the following:

- Non-Electives – Ambulatory Care Service – We now have agreement for the re-categorisation of activity with effect from 1 October 2017. Work was taking place in looking at what this means in terms of a variation to the contract. The Ambulatory Care Service would bring elective admissions back into plan.
- There was over-performance on the majority of the contract with the exception of A&E.
- There is a slight over-performance at Lancashire Teaching Hospitals and at Morecambe Bay Hospitals.
- There continued to be an underperformance at Spire and discussions are being held with them to amend the plan.

RESOLVED: That members receive the report.

(d) **2017/18 QIPP Programme** – Mrs Barnsley spoke to a circulated report which provided members with the current QIPP position for 2017/18. The report provided an update on the progress and development of the QIPP schemes identified showing the status and risk adjusted forecast for each scheme.

The risk adjusted forecast had increased by £70,000 from the value of £4,745,000 reported in the previous month. The report provided progress towards the 2017/18 in-year target of £6.5m.

Members were reminded of the £12.2m savings to be made on the QIPP for the two years up to the end of 2018/19.

Mrs Barnsley explained that some of the schemes were slightly delayed in commencing and work was taking place in looking at further schemes to come on line. She also reported that a fourth RightCare model relating to the cancer pathway was being taken forward.

Mr Brown asked if the £6.5m forecast for 2017/18 was achievable. Mrs Barnsley commented that we were being conservative on the risk adjusted forecast and that there had been some data issues that were being addressed. She did however, point out that at this point last year we were not in this position. Mrs Barnsley reminded members that this was about system-wide transformation in order for change to happen. The plans would be submitted in October in order that the finance team can cost it up and provide more detailed information in November. This was being undertaken on a system-wide basis.

RESOLVED: That members receive the report.

(e) **Financial Position – Month 4** – Mr Harrison spoke to a circulated report and highlighted the following:

- The CCG had met its planned financial targets.
- Financial position at month 4:
 - £0.091m surplus which was on target with the plan
 - Year end forecast showed achievement of £0.27m surplus

Approved 7 November 2017

- QIPP Position:
 - Target of £6.5m
 - Reported £1.35m achieved year to date
- £6.22m forecast for the full year
- Running cost expenditure was £45,000 under budget
- Better Payment Practice Code – NHS 100% - non NHS 99.5% by number of invoices

Within the month 4 highlights section, Mr Harrison was pleased to report that across all key target areas for financial duties were showing as green apart from the QIPP target. The delivery of the QIPP target was currently showing amber and the CCG was behind plan by £290,000 at month 4. Mr Harrison explained that we hold 1.5% contingency to one side. We are confident overall that we will achieve and this is manageable and clarifies the risk on QIPP.

Mr Harrison took members through the finance dashboard which provided information on acute hospital expenditure, continuing healthcare expenditure and prescribing expenditure.

Mr Harrison also highlighted the key risks relating to:

- Continuing healthcare and complex cases
- Acute contract over-performance
- QIPP delivery
- A net risk position - £1.24m
 - Gross risk position £12.24m

Members were assured that we continue to monitor the QIPP programme closely. Dr Doyle commented that NHS England is very supportive of our stance taken.

Mr Harrison commented that as an Accountable Care System (ACS), we are not currently achieving what we have been asked to achieve.

RESOLVED: That members approve the report.

GB117/17 Empowering People and Communities

- (a) **Life Expectancy** – Mr Boydell, Public Health Specialist at Blackpool Council provided members with a presentation on life expectancy across the town. It was noted that although life expectancy in Blackpool is increasing, it is not doing so at the same rate in comparison across the North West and England. Mr Boydell highlighted the known causes of death among those aged 65 and the contributing factors towards these such as alcohol and drug misuse, smoking, diet and exercise. Members noted that it is the volume of deaths among Blackpool residents under the age of 65 which impacts greatest on the life expectancy figures for the town.

Migration of people across the town was noted as well as the migration of people from other areas outside of Blackpool into the area which has significant impact on the statistics. Low quality, cheap housing and accommodation is one of the main factors which attracts people to the town and often these new residents are already unhealthy and go on to develop further complex health issues whilst living in the town, therefore, increasing the likelihood of an early death.

Approved 7 November 2017

Dr Rajpura highlighted the local housing strategy which has developed some of the issues and members noted that it will take time to see the impact of the work due to the scale of Blackpool's low quality housing stock.

The presentation would be circulated to Governing Body members.

ACTION: LIT

RESOLVED: That members receive the presentation.

- (b) **Community Orientated Primary Care** – Mrs Petch, Public Health Specialist at Blackpool Council provided an update on the empowering people in communities work stream as part of the Fylde Coast Vanguard Programme. She also spoke to a circulated report entitled 'Central Blackpool Health and Wellbeing Enquiry – A Citizen's Inquiry 2017' which had been drawn up as part of the work of the work stream. The report highlighted the work that had been undertaken with local residents.

Mrs Petch explained that over 20 local residents were recruited to take part in the inquiry which was held over a 12 week period. Residents had been asked to answer and investigate what issues were affecting the health and wellbeing of central Blackpool residents. Over the course of the inquiry, residents interviewed a number of local leaders from the NHS, Council, Police and other services. As a result of their findings, the residents produced a number of recommendations for action. The CCG and the Council's Public Health Team are continuing to work with the resident group on the original inquiry to help action the recommendations and engage with further residents within the local area. Dr Doyle highlighted her experience of taking part in the inquiry noting how positive it was and she pointed out some of the key themes raised by the group relating to their experiences of GPs and how people access health information. Work was underway in planning for similar inquiries within the other Blackpool neighbourhoods.

Mrs Jackson commented that it had been a fantastic experience for residents and they had seen a huge improvement in their confidence and engagement. They also felt they could make a change. Whilst recognising small steps are being taken, we are still seeing change which increases motivation.

Grange Park Community Farm – Dr Rajpura updated members on the development of the Grange Park Community Farm. Work was continuing to turn the site into a hub for local residents where a range of services and activities can be accessed. This will include retail, One Stop (local and convenience store) plus a local pharmacy. A grant for the community farm has been made available and Groundworks is currently leading on the farm project. Dr Rajpura commented that there were a number of culture and learning opportunities through the community hub.

Dr Rajpura made reference to a session to be held with the neighbourhoods on 18 October 2017 to discuss how we tackle and integrate neighbourhoods and organisations will be coming together to attend the session. Information had been sent out to Governing Body members.

Mr Brown asked whether we should be more focused and undertake a small number of improvements rather than have a scatter gun approach. Dr Rajpura commented that discussion had been held in looking at two or three priorities on life expectancy. Housing is the number one priority closely followed by addressing the issues relating to alcohol. Both would make a significant impact. It was commented that most of our services work in silos and they need to work in a more holistic and broader way. Mrs Harrop commented that work was taking place in starting to look at this in different ways. Dr Rajpura was mindful that deprivation is worsening and we are fighting an uphill struggle. He did point out however, that there are some successes - teenage conception rates and smoking cessation rates had improved.

Approved 7 November 2017

Mr Bonson made reference to a Public Service Board workshop he had attended that morning at which discussion had been held as to what the biggest drivers are. Alcohol and drugs had been identified as the symptoms of the issues.

Mr Edmundson made reference to the inquiry document which contains 33 recommendations and asked whether consideration had been given to looking at them in more detail and thinking about the way in which services are provided as some can be undertaken quickly, therefore, focusing on three or four recommendations. Mrs Petch made reference to Section 6 within the report 'Taking Action' and in particular, the following comment made – ***“After the CCG commentator came and saw us they sent someone to come to speak to the group at a later session to discuss the wording we wanted including in the GP contract around getting an appointment. I feel this was a quick win for the group. Personally this went a long way to proving to me that this group were being listened to and we could and are already making a difference”***. Mrs Petch explained that somebody listened and we did something about it. It was suggested that we could ask the group for their top three priorities. Dr Doyle commented that the group was asked however, we need to distil out the important priorities for actioning and give them the confidence for us to take them forward. Dr Rajpura reminded members that the Citizen’s Inquiry Report is their report and not our report.

Thanks were conveyed to Mr Boydell and Mrs Petch for the presentations and document and they left the meeting. Mrs Harrop and Mrs Jackson also left the meeting.

GB118/17 Proposed New STP Governance Arrangements

Mr Bonson spoke to a circulated report which detailed the proposed governance arrangements for the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP). He highlighted to members the creation of an STP Board which will begin to meet in October with appointments currently ongoing. Membership will include the STP Executives as well as Executives from each local area and Lay Members from the statutory organisations within the partnership.

Mr Bonson also highlighted a change to the role of the Partnership Board which could now become more of a partner advisory board to the STP Board rather than a decision making body. He took members through the new STP governance arrangements as highlighted within a structure which also provided detailed information on each of the groups, their roles and reporting relationships.

Dr Doyle informed members that a letter had been sent out to organisations in Lancashire asking for expressions of interest for Non-Executive Directors/Lay Members. Each of the constituent organisations has given their support to this and Dr Doyle asked the Governing Body to support this if anybody wishes to express an interest. Dr Doyle explained that from the eight CCGs and five NHS Trusts, there will be five Non-Executive Directors/Lay Members and there will not be more than one from the same organisation.

Mr Bonson commented that the Partnership Board would be taking items for discussion and wider engagement but would not be decision making. This would be undertaken by the Joint Committee of CCGs.

RESOLVED: That members approve the revised STP governance structure and support the way forward.

Approved 7 November 2017

GB119/17 Development of Shared Decision Making for the Joint Committee of CCGs

Mr Bonson spoke to a circulated report which was an update following an earlier opportunity to provide feedback from Governing Bodies and the requested delegations as set out within Appendix 1 which had been adjusted to take account of the comments received.

Members were reminded that the Joint Committee of CCGs was established in December 2016 and since then the committee has maintained commissioning oversight in the developing STP Programme. NHS Blackpool CCG is represented by Mr Fisher and Dr Fairhead on the Joint Committee of CCGs. The report provided information on the work stream areas. Each of the STP work streams has a Senior Responsible Officer and they have set out a specific request for a delegated decision to the Joint Committee together with a rationale for the request and the statement about the expected impact on local health communities. Such requests had been split into two main groupings:

- Appendix 1 – Describes those decisions where Senior Responsible Officers are requesting delegation for JCCGs action during 2017/18
- Appendix 2 – Describes those areas where further requests for delegation may be made in coming months however in the meantime, Senior Responsible Officers will wish to keep the Joint Committee fully up to date on progress.

Dr Doyle made reference to both appendices. There will be specific delegated decision making in four areas:

- Appendix 1 – Commissioning and prescribing policies, stroke, adult mental health and dementia, and learning disabilities
- Appendix 2 – Work streams where current actions may lead to requests for further delegated decisions during 2017/18 relate to acute and specialised services, urgent and emergency care, children and young people's mental health and wellbeing, adult mental health and dementia and, transforming care (learning disabilities).

Dr Doyle provided some background and the reasons why it would be better for the decisions to be made in these areas.

Mr Harrison would like to see practical implementation that does not compromise the work we are undertaking in Blackpool in respect of commissioning and prescribing policies. Dr Doyle assured members around this commenting that it would speed up the implementation of anything we have not implemented.

RESOLVED: That members approve the report.

GB120/17 Unscheduled Primary Care Across the Fylde Coast

Mr Bonson spoke to a circulated report and provided an update to members on the progress of the procurement exercise which the CCG and partners undertook with the aim of better integrating urgent care services across the Fylde Coast.

Mr Bonson informed members that the CCG has now signed the contract with providers and he also highlighted that recent arrangements made locally align very closely to new national guidance issued recently.

Approved 7 November 2017

A copy of the new guidance would be circulated to Governing Body members for information. Dr Fairhead and Dr Rudnick would also be provided with the briefing as to the current position in readiness for further meetings relating to this service.

Mr Edmundson sought clarification and asked that through the Mobilisation Board, everything was well documented and that we can demonstrate to the Audit Committee that this was the case. Assurance was given to Mr Edmundson by Mr Bonson that all discussions were documented and that there were no conflicts of interest. Dr Fairhead informed the Secretary to the Governing Body that she no longer undertakes ad hoc sessions at FCMS and she would write to the Secretary. ACTION: SF

RESOLVED: That members receive the report.

GB121/17 Lancashire CCGs – Ratification of Revised Pan-Lancashire Clinical Commissioning Policies

Mrs Barnsley spoke to a circulated report which provided an update in relation to the pan Lancashire work on commissioning policies and in particular, Procedures of Limited Clinical Value. The report detailed five specific policies that had been reviewed and ratification of the policies was required by the Governing Body prior to implementation. The policies were:

- Surgical Release of Trigger Finger
- Surgical Release of Carpel Tunnel
- Male Circumcision
- Tonsillectomy/Adeno-Tonsillectomy
- Endoscopic Procedures on the Knee Joint Cavity

Members were informed that an early version of the policies had previously been adopted and implemented by the CCG. Changes to the existing and revised policies were appended to the report.

The report also recommended that there was no requirement to develop a policy for home births.

Mrs Barnsley informed members that the policies had been taken through the CCG's Clinical Leadership Team for recommendation to the Governing Body.

RESOLVED: That members approve the policies also noting that there is no requirement to develop a policy for home births.

That the policies would replace existing policies currently on the CCG's website.

GB122/17 Corporate Objectives and Risks – Governing Body Assurance Framework

Mr Bonson spoke to a circulated document which was the CCG's Governing Body Assurance Framework (GBAF) which identified risks scoring 12 and above. The document had been updated to reflect any changes in the management of all the risks of the CCG. The full CCG Risk Register had undergone an in-depth review during August to ensure that risks are described accurately and risk scores are at appropriate levels. Gaps in assurance sources and mitigating controls had also been updated. All closed risks that had been identified were captured for audit purposes on a closed risk registered tab and included the rationale for closing the risk. Members were reminded that the risk register is monitored by the Executives and Deputies Team on a bi-monthly basis and it is also submitted to the Finance and Performance Committee and Quality and Engagement Committee for review. Also appended to the report was the CCG Risk Heat Map and the Historical Risk Movement Schedule for 2017/18.

Mr Bonson informed members that we working to further review and streamline the process.

Approved 7 November 2017

Mrs Williams made reference to Core Objectives 6.1 - New Models of Care. The summary report showed a score of 16 but was showing 12 in the GBAF. There was an error within the summary report however, GBAF was showing the correct scoring. This would be amended. **ACTION: LJT**

Reference was made to Corporate Objective 1.1 – Ineffective Commissioning Decisions. Whilst it was reading like it looked nearer on the target, the descriptor appeared to be stating that we were not near to the target. Mr Bonson made reference to the Heat Map which showed more controls in place to mitigate this and further discussion would be held via the Executives and Deputies Team.

ACTION: DB

RESOLVED: That subject to the minor amendment to the summary report, members received the Governing Body Assurance Framework, Heat Map and Historical Risk Movement schedule.

GB123/17 Minutes/Action Notes of Meetings and Associated Documents

(a) Finance and Performance Committee:

i) Ratified Minutes of the Meeting Held on 27 June 2017

RESOLVED: That members receive the minutes.

ii) Update from the Meeting Held on 29 August 2017 – Mr Edmundson informed members that discussion had been held regarding the Effective Use of Resources work and we are also looking at a progress report within the provider side being submitted to the committee in due course.

RESOLVED: That members receive the update.

iii) Individual Patient Requests Panel – Terms of Reference – Mrs Barnsley spoke to a circulated document which provided an update in relation to the Terms of Reference for the Individual Patient Requests Panel. She explained that any requests for funding costing £1,000 and above for residential or equipment packages approvals would need to be undertaken through the Executives and Deputies Team. The information is also submitted to the Finance and Performance Committee on a quarterly basis. Mrs Barnsley pointed out that the Audit Committee would be asked to review the Scheme of Delegation in light of this proposed change and members were comfortable with this.

Mrs Williams made reference to TIA/stroke and asked if the position continues to improve. Mrs Barnsley would check and inform Mrs Williams outside of the meeting. **ACTION: JB**

RESOLVED: That members approve the Terms of Reference of the Individual Patient Requests Panel noting that discussion would be held at the Audit Committee to amend the Scheme of Delegation.

ACTION: LJT

(a) Quality and Engagement Committee:

i) Ratified Minutes of the Meeting Held on 9 May 2017 – Mr Brown informed members that discussions had been held regarding the review of Stroke Services and the current position and these were being taken forward.

RESOLVED: That members receive the minutes of the meeting.

Approved 7 November 2017

ii) Update from the Meeting Held on 11 July 2017 – Mr Brown confirmed that the items that had been listed for submission to the Governing Body were included on the agenda.

iii) Equality and Inclusion – Workforce Race Equality Standard Report 2017 – The committee had reviewed the report and recommended it to the Governing Body for approval for publication on the CCG's website.

RESOLVED: That members approve the Workforce Race Equality Standard Report 2017 noting that it would be published on the CCG's website. ACTION: LJT

iv) Display Screen Equipment Policy – Members were informed that in order to comply with current Health and Safety law, the CCG has developed a Display Screen Equipment Policy to ensure that staff are not subjected to unacceptable levels of risk to their health or safety when using screen equipment. The policy detailed the responsibilities of the line managers and employees and in particular, the CCG must ensure that an assessment of each work station is carried out at least annually. It was noted that staff are expected to use display screen equipment as a main element of their day to day work and should be encouraged to have regular eyesight tests. The cost of the test would be refunded by the CCG to the maximum of £17.00 (as at December 2016) although staff are requested to attend where possible an optician where the eye test is provided free of charge in order to avoid this cost being charged to the NHS. The CCG will contribute towards the costs of a maximum of £60.00 (as at December 2016) where glasses are required to correct vision defects specifically for display screen equipment work. The employee must ask the optometrist to provide written confirmation that the glasses are required specifically for display screen equipment work. The report had been taken through the CCG's Executive and Deputies Team and the Quality and Engagement Committee and was recommended for approval.

RESOLVED: That members approve the Display Screen Equipment Policy.

(v) Annual Health and Safety, Fire and Security Report 2016/17 – Members were provided with the Annual Health and Safety, Fire and Security Report for 2016/17. There was a minor error in Paragraph 13 where it related to the objectives for 2016/17 which should have stated 2017/18. This would be corrected. ACTION: LJT

RESOLVED: That subject to the amendment to be made, members received the report.

(vi) Diabetes Professional Education Programme – Application for Sponsorship – The Secretary reminded members of the requirements of the Commercial Sponsorship Policy where any training events sponsored by a pharmaceutical company are required to be approved by the Clinical Leadership Team and reported for information to the Quality and Engagement Committee, Audit Committee and Governing Body. Three half day diabetes training sessions would be delivered throughout the course of the calendar year and these were noted. Due to timings of meetings, the Audit Committee would be informed on 9 October 2017.

RESOLVED: That members note the approval of three training sessions relating to the Diabetes Professional Education Programme.

(b) Primary Care Commissioning Committee:

i) Ratified Minutes of the Meeting held on 6 June 2017 – Mrs Williams informed members that she had recently met with Healthwatch and they had recruited to two posts. Attendance by Healthwatch representatives was awaited.

RESOLVED: That members receive the minutes of the meeting.

Approved 7 November 2017

ii) **Update from the Meeting Held on 1 August 2017** – The Chairman made reference to the items discussed at the meeting held in public on 1 August 2017. The agenda was available on the CCG’s website.

RESOLVED: That members receive the update.

(c) **Joint Committee of CCGs:**

(i) **Ratified Minutes of the Meeting Held on 2 February 2017**

(ii) **Ratified Minutes of the Meeting Held on 2 March 2017**

RESOLVED: That members receive the minutes of the meetings.

GB124/17 Any Other Business

There were no issues.

GB125/17 Date, Time and Venue of Next Meeting

The next meeting would be held on Tuesday, 7 November 2017 at 1.00 pm in the Boardroom, Blackpool CCG.

EXCLUSION OF THE PUBLIC

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

(Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

The meeting closed.

Minutes approved as a correct record.

CCG Chairman

Date