

Minutes ratified on  
24 October 2017

**MINUTES OF A MEETING OF THE  
EXECUTIVE COMMITTEE  
Tuesday, 10 October 2017 at 2.00pm  
Conference Room, Enterprise House, Kendal**

**PRESENT:**

Andrew Bennett	Chief Officer
Dr Lauren Dixon	GP Executive Lead – Women and Children,
Dr Cliff Elley	GP Executive Lead – Commissioning
Hilary Fordham	Chief Operating Officer
Anthony Gardner	Director of Planning & Performance
Dr Alex Gaw	Clinical Chair (Chair)
Dr Jim Hacking	GP Executive Lead – Urgent Care and Mental Health
Dr Geoff Jolliffe	Vice Clinical Chair
Dr Andy Knox	GP Executive Lead – Health & Wellbeing
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

**Action**

180/17 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Andy Maddox GP Executive Lead – Contracting, Finance and Quality.

181/17 **DECLARATIONS OF INTEREST**

There were no Declarations of Interest identified.

Declarations declared by members of the Executive Committee are listed in the CCG's Register of Interests. The Register is available on the CCG's website.

182/17 **MINUTES OF THE MEETING OF HELD ON 12 SEPTEMBER 2017**

The minutes of the meeting on 12 September 2017 were agreed as a correct record, with the following amendments:

**161/17** – with reference to Declarations of Interest, item 167/17 should state 'Extended Access' and not 'Finance' as listed.

**164/17** - Margaret wanted to replace the final paragraph with the following "One question was asked regarding the Apprenticeship Strategy and whether or not there were apprenticeships for all areas of work, not just clinical. Margaret Williams confirmed that there is but we needed more in order to develop the work force skills

required, at present there are apprenticeship standards being developed that will open up broader career options and also the provider market to deliver”.

**166/17** – second paragraph, replace ‘bye’ to ‘buy’

**167/17** – Extended access – add a paragraph at the beginning

“The declarations of interest by the GPs were noted, but it was agreed that a full and open discussion be undertaken prior to a paper being taken to the Governing Body.

**167/17** – paragraph that begins “Lancashire North” second to last sentence which begins ‘of the two bids only one fulfilled the criteria for extended access, add “and integrated service model”

## 183/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

### Action Sheet

141/17 – **Standards of Business Conduct Policy** – Action completed.

151/17 - Matters arising – **a) Quick Start** – Andy Knox to speak to the Federations about whether this would be a sensible use of the £1 or £3 per head. – Action completed

152/17b) **Standing Item – Quality Update – Refugee & Asylum Seekers** – this was on-going. It was reported that three families had now been housed in Barrow. The CCG had not known about it prior to them arriving and this had been discussed with Colin Cox. The issue with regard to mental health support had not been finalised. Margaret Williams to pick up with Jane Jones and Jacqui Thompson.

166/17 – **Clinical Response to the PWC paper** - on today’s agenda - can be marked ‘complete’.

169/17 – action completed. AGd had had a discussion with Alison Johnson from the ICC.

## 184/17 **STANDING ITEMS**

### **a) Quality update**

Margaret Williams presented the report that had been circulated previously. She pulled out a number of issues:

- With regard to the map of medicine going live for General Practice; an update was provided to the report – this would not be going live as it was no longer going to be supported by the company that provided it. William Lumb had found an alternative solution but there was concern that there would be a gap between the discontinuation of the map of medicine and starting the use of the Strata system. It was requested that an update on this come back to

the Executive to ascertain how this was going to be managed.

**MW**

- Progress on work with the two county councils regarding work with the Regulated Care Sector. A summit was to take place on 16 October 2017.
- Update on issues related to individual care homes.
- The Designated Doctor and Named GP had now commenced in post. That was Dr Jean Herbison.
- CPFT was currently undergoing a further CQC inspection which was related to the Well Led part of the inspection process.

Andrew Bennett also updated the Executive that he had been sent a letter outlining the new management structure for CPFT in the light of Stephen Eames taking over as the Joint Chief Executive between CPFT and North Cumbria Acute. He would circulate the letter so that the Executive understood the roles and responsibilities of each Director within CPFT.

**AB**

To complete the Quality update Anthony Gardner updated the Executive with regard to the provision of Section 12 Doctor cover. An interim solution to provision had been agreed which would enable further work to be undertaken before January 2018. Questions were raised as to whether or not the Out of Hours Provider had been informed of the new arrangements. Anthony informed the Executive that they had been informed and involved in the discussions.

#### **b) STP Update**

Andrew Bennett informed the Executive that a LMC representative had been identified to sit on the STP Board. That person was Stephen Hardwick. His role would be to represent General Practice across the whole of the STP area. Andrew also updated that he would bring a briefing to the next meeting regarding the commissioning processes work for the STP that he was involved in.

#### **c) Better Care Together**

Andrew informed the group that there had been a generally positive response to the Business Case which had now been circulated to all parties. There had been a very successful session with Capsticks to talk about how the committee in common would function and the next steps were to consider the shared decision making required. The CCG needed to decide how it wished to manage the Business Case through its Governance processes. Andrew also informed the group that the Cumbria Health and Well Being Board wished to discuss the document and its relationship with the Accountable Care System at its next meeting.

There was then discussion as to the fact that the Membership Council should also be involved in the discussion regarding the Business Case and this would be added as an item to the next Membership Council agenda.

Alex Gaw then updated the Executive on the GP event which had been held in September 2017 to undertake a conversation regarding how Primary Care wished to be represented and be part of the Accountable Care System. Chris Ham from the King's Fund had attended to facilitate the event. The meeting had been generally positive with representatives from a range of different GP roles including Practice Partners, Federation, LMC and ICC leads. A document which summarised the event had been drafted and circulated back to those who had attended for comment and this would be sent out to all GPs in the next few days. A follow up meeting to agree the next steps was being arranged for November.

## 185/17 **FINANCE**

Clinical Leads update – Andy Knox updated the Committee regarding the clinical event which had also been held at the end of September to discuss the clinical response to the PWC report and financial situation. Again he reported a very positive meeting with a number of discussions on the areas that had been outlined in the original paper. A summary was being prepared that would go to the Sustainability Board the following Thursday.

Andy and others who had attended outlined a number of opportunities which had been highlighted, foremost of which were the radical change to how outpatients could be provided and the improvements in management of long term conditions with a particular focus on preventative work and self-care.

An underpinning issue throughout the event had been ensuring how IT supported the work and there seemed to be an agreement amongst the clinicians that the best way to do this was to utilise the EMIS system across all providers. The areas that had not been so well supported were: work around caps and thresholds and there had been extensive discussion around the use of locums, but on discussion it had been identified that actually the use of locums was more to support on-call rotas and to undertake day to day work so this needed further exploration.

Next steps were to take the paper to the Sustainability Board on 19 October 2017 followed by a more detailed three year plan development session on 24 October 2017.

Kevin Parkinson then went on to give an updated position of the CCG's finances and the work that was ongoing to develop the three year plan. The current position was that the CCG was reporting a

deficit £6 million at the six month period. Work was underway as part of a national stock take at six months and he was likely to report that the CCG was likely to have a gap of c£10 million at year end and there was also significant risk to that position worsening given the progress of the work on the QIPP plan.

As reported at the previous meeting there were a number of issues within the system that were impacting on the current position, including national drugs cost changes and a number of legacy issues from the Boundary Change. These continue to be a concern.

Kevin then outlined the current situation with regard to the CEP process and a number of meetings which were to take place over the next week or two. He then also went on to outline the development of the three year delivery plan which was currently being developed and was awaiting the section in response to the clinical paper that Andy Knox had previously reported on. The three year plan needed to be completed by the end of October 2017 and then go through a number of steps in order to then take it to the Governing Body for January 2018.

#### 186/17 **NHS RIGHTCARE**

Kevin Parkinson introduced the item, saying that the Executive had discussed Rightcare on a number of occasions previously and this item was to formalise some of the processes with regard to Rightcare in light of the CEP process and the increasing focus nationally on the use of Rightcare to demonstrate progress on financial issues. He also wanted to ensure there was clinical leadership to the pieces of work that were identified within Rightcare and ensure the Executive played a formal role in the process. He then handed to Gary O'Neill who was attending the meeting in order to outline the process that was being proposed.

The Executive discussed the process that was being set out and agreed that it should be taken forward.

#### 187/17 **DESIGN PRINCIPLES**

Geoff Jolliffe talked through the background to and the design principles that the Clinical Design Authority were proposing should underpin clinical redesign processes.

The Executive felt that these were a sensible and useful set of principles but stressed that they needed to be considered in conjunction with issues that were already in the system e.g. affordability.

There was also a suggestion that these should not become something that caused rigid form filling to ensue as this was something that had prevented fast innovation in the past. This was a message that Geoff would take back to the CDA to consider how

**GJ**

being faster and more fleet of foot could be woven into the processes that were being suggested.

188/17 **SUMMARY REPORT ON THE IMPLICATIONS OF THE CHILDREN AND SOCIAL WORK ACT 2017**

This paper was there for information and was not discussed in detail.

189/17 **LANCASHIRE NORTH ASD SERVICE**

Hilary Fordham provided the background to the paper. Services provided by Community Paediatrics of which this was one had been discussed at length the Lancashire North Executive, this particular paper pertained to Lancashire North only.

It was explained to the Executive that since April 2016 there had been no ASD diagnostic service in Lancashire North and a list of patients who required a service had been accrued. A proposal was being put forward that a service be provided by LCFT rather than UHMBFT which would first of all undertake a triage service and then offer workshops to parents and children as often it was the managing the behavioural aspects of ASD what was the particular concern. Research in Derby had shown that undertaking this; albeit using a more evidenced based approach than the one that was being proposed, had shown a significant reduction in the number of families and young people going onto to request a formal diagnosis.

Lauren Dixon provided some clinical background and a description of the service. There was discussion regarding how this would operate and some particular issues were raised, particularly regarding the referral route and whether this should come predominantly from schools and also to be clear that the criteria for referral remained the same ASD aspects rather than issues to do with behaviour, sleep and sensory issues.

The Group agreed that the service should be implemented in the way outlined. There was discussion regarding the fact that LCFT were concerned with the idea that they should hold a list of patients who were awaiting a diagnosis without a diagnostic service actually being commissioned. It was agreed that after the first two or three months of the new service being up and running a further paper should be brought back to the Executive to outline the outcomes for those cohorts and what the likely new steps should be.

HF

190/17 **MEMBERSHIP COUNCIL – DRAFT AGENDA**

Constitution changes needed to cover two aspects. The Garstang Practices leaving the CCG in April 2018 and the Committee in Common proposals as part of Better Care Together Business Case. There needed to be updates on Better Care Together, including again The Committee in Common and the Business Case. An update on the Sustainability and Transformation Partnership. It was suggested that an item also be given regarding the Commissioning

Policies and the processes and updates. There would also be a usual Finance and Performance Report and the Quality and Assurance Report. These could be the ones that go to the Governing Body.

191/17 **COUNTY WIDE SERVICES - CUMBRIA**

Andrew Bennett and Anthony Gardner briefed the meeting on progress relating to the provision of Countywide services from CPFT in Cumbria. This consisted of two elements. Firstly, UHMB and CPFT continue to make progress on an initial transfer of adult community services, in line with the commissioning intentions agreed by the CCG and in line with the OBC agreed by both provider organisations. This would lead to an FBC in November and whilst there may be some issues for the CCG to consider, such as the contractual form for the services post April, the majority of the work was between the two providers. CCG issues would be considered at future Executive meetings as appropriate if and when they arise.

Secondly, work continues on consideration of the other Countywide services provided by CPFT. CPFT was working through an internal process of engagement with managers and clinicians to consider the opportunities and challenges for the services in the light of the initial transfer agreement with UHMB. Alongside this, commissioners had agreed to assess the extent to which there was a shared view for the future direction of the services across the two CCGs, the County Council and NHSE. Initial discussions had taken place and the two CCGs were working on developing draft commissioning intentions to set out their views, particularly with a view to supporting the development of the two accountable care systems for North Cumbria and Morecambe Bay. These intentions were being informed by previous discussions on accountable care at both Executive and Governing Body level with MB CCG.

The draft commissioning intentions would be brought to the next Executive meeting for consideration.

*AB/AGrd*

192/17 **ANY OTHER BUSINESS**

**'Time to Change' Employers Pledge**

Anthony Gardner reminded the group that it was national mental health day and briefed the team on the Time to Change (T2C) initiative. T2C is led nationally by Mind and is funded by the DoH, Lottery and Comic Relief. The underlying concept is that attitudes towards mental health can be changed by social contact. The employers pledge represents an employer's intention to actively seek a change in attitude towards Mental Health across their workforce. Cumbria Health and Wellbeing Board had asked all organisations to consider the initiative and pledge.

The CCG recognised and supported the initiative and agreed with

the pledge in principle. But there was recognition that the full process was more appropriate to large organisations and needed to fit within work already under way within the CCG on steps to wellbeing. AGrd agreed to consider further with JH and raise with the Staff Involvement Forum. **AGrd**

193/17 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Tuesday, 24 October 2017 in the Silk Room, Moor Lane Mills, Lancaster