

Minutes ratified on
9 May 2017

**MINUTES OF A MEETING OF THE
EXECUTIVE TEAM**

**Tuesday 11 April 2017 at 2.00pm
Heritage Room, MLMs**

PRESENT:

Andrew Bennett	Chief Officer
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 and Wellbeing
Dr Andy Maddox	GP Executive Lead - Contracting, Finance and Quality
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

In attendance:

Jane Jones	Head of Safeguarding – Designate Nurse
Graham Atkinson	Senior Manager – Medicines Optimisation

Action

40/17 APOLOGIES FOR ABSENCE

Apologies of absence were received from Lauren Dixon.

Alex Gaw, Chair welcomed everyone to the first meeting of the Morecambe Bay CCG Executive.

41/17 DECLARATIONS OF INTEREST

There were no Declarations of Interest on the Executive agenda, but Alex reminded everybody to complete their form and return it to Barbara Carter.

42/17 MINUTES OF THE LAST MEETING OF LNCGG HELD ON 14 MARCH 2017

The minutes of the Executive Team meeting held on 14 March 2017 were agreed as a correct record, with the exception that in item 31/17 it needed to be recorded that Andy Maddox had specifically asked the question at the end of the section in his provider capacity not his commissioning capacity. This needed to be added to the minutes.

43/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

The action sheet was reviewed and updated as follows:-

5/17b – **Better Care Together** – action complete

31/17 – **Quality and Patient Safety** – this was ongoing but as it was a provider item it would be removed from the Executive agenda.

34/17 – **Future Commissioning of IAPT Service** – action complete

35/17 – **Bariatric Surgery** – was complete in that the CCG would be an associate to the contract for the hospital in Stoke and therefore the local CCG would take on the responsibility for the quality issues. However, Andrew went on to explain that the STP would be taking an interest in this particular area of work. There had been discussion that morning at the CCB and Sakthi Karunanithi was doing some benchmarking from a Public Health perspective on the Tier 3 provision across the patch.

37/17 – **CHC Choice and Equity Policy** - A further action from the previous minutes had not been recorded on the action sheet. This was related to item 37/17 CHC Choice and Equity Policy. Margaret updated the group that she had received legal advice that underpinned the policy and could confirm that both West and East Lancashire CCGs had adopted the Policy. It was agreed that the item should be put on the agenda again for the next Executive so that south Cumbria colleagues would have an opportunity to review the Policy and then if agreed at the next Executive meeting it could go forward to the first Governing Body for Morecambe Bay CCG.

44/17 **MINUTES OF THE MEETING OF THE TRANSITION EXECUTIVE HELD ON 14 MARCH 2017 INCLUDING MATTERS ARISING AND REVIEW OF THE ACTION SHEET**

The minutes of the Transition Executive Team meeting held on 14 March 2017 were agreed as a correct record.

It was noted that both sets of minutes said there would be a further meeting on the 28 March 2017. Neither of those meetings took place so it was noted that both of those meetings had been the final meetings of those groups and that their actions had been carried forward to the first meeting of the Morecambe Bay CCG on 11 April 2017.

The action sheet was discussed as follows:

25/17 – **PLT** – this was complete. The Clinical Executive was taken responsibility for arranging the programme although Hilary requested that she understand what was being arranged so that from ICC

perspective this could be discussed and cover arrangements had been made with both the Out of Hour provider.

43/17d – **Learning Disability Handover** – on today's agenda – action complete.

44/17 – **Morecambe Bay CCG EPRR requirements** – Andrew updated the group that there was now a working on-call arrangement. A small number of issues were still being clarified with staff and the development of the on-call pack was still in progress although a draft one was available for people who were on call to use at the current time.

45/17 - **MOU between Lancaster University and CCG** – this was ongoing.

A separate item was raised in relation to research. Kevin updated the group that Lancashire North had achieved its number of patients for 16/17 being enrolled for research and had therefore received £20,000 to put towards research for 17/18. In addition Cumbria had also achieved its number and under the split agreement £10,000 of that had come to Morecambe Bay CCG. Simon Wetherell was to continue to be the lead for research for the CCG and Kevin Parkinson had liaised with him regarding the funding.

46/17 - **Schedule of meeting 2017-18** – on today's agenda

47/17 – **BHCP system development plan** – this item was ongoing. An update was given in that Anthony Gardner had had some initial discussions with Fylde and Wyre CCG regarding the development of strategic commissioning across the STP. Fylde and Wyre were not as far forward in their discussions as they had been believed to be. However, it would continue to be important area and because of the progress and discussion being undertaken within Morecambe Bay the CCG would be able to have an influence on the future direction.

51/17 – **AOB NHSE & NHSI letter** – Andrew updated the group on the discussions and progress that had been made with regard to moving STPs forward since the letter had been sent on 27 February 2017 to STP leads which had been tabled at the previous meeting. The STP was still being supported in terms of its moves forward to accountable care system development and Morecambe Bay would still have a part to play in this.

57/17 – **Financial Recovery Plan** – on today's agenda

58/17a) – **Transition Handover – Children and Maternity Transition** – action complete

60/17 – **Clinical Leads update** – on today's agenda

62/17 – **Care and Nursing Home provision** – action complete.

Margaret Williams also gave an update regarding progress to support the two homes in the Kendal area:

- Heron Hill had made good progress and was now believed to have moved out of the concerning category as far as the CQC was concerned, although there was still some progress to be made.
- Kendal Care Home - there was an active plan to support the home although there were a number of sustainability issues which were outstanding.

Particular actions which had been taken by the care system to support the home included education and support; a matron buddying system and recruitment support. There would be continued support of the home and further updates at future meetings. It was confirmed that James Cochrane Practice was included in the work of the health community and so was well briefed.

Margaret then went on to update the group on the Bay-wide work that was progressing with regard to support for care homes and the regulated care sector in general, particularly around engagement with the sector itself where we were finding that it was competency education and support that was required rather than training in general.

45/17 **FINANCIAL RECOVERY PLAN**

Kevin Parkinson introduced the item and explained the discussions that had been ongoing over the last few weeks which had culminated in a request for a plan on financial recovery from the area. The plan was to be produced by Thursday, 13 April 2017 and a meeting was planned with senior leaders within NHS England and NHSI for the 24 April 2017. A parallel process was also underway which system was expected to participate in called Capped Expenditure Process (CEP); detail was awaited with regard to this process.

At the same time as both of these processes had been underway, Lancashire North CCG had been subject to a QIPP review for which a report had now been issued. Generally the report was favourable and suggested that the CCG had correct processes in place although it did suggest some improvements to those processes and improvements to the paperwork which were used. It also suggested that there were two areas which should be looked at in greater detail; continuing healthcare funding and a further look at some items of Rightcare.

Kevin then went on to explain how the plan was likely to be constructed. It was agreed that there would be a further meeting set up for the CCG Executive to discuss the financial position and the plan on Tuesday, 18 April 2017 at 2pm.

Kevin then went on to explain that a number of the items he had just talked through had been discussed at the Accountable Care System Leadership Team and a number of the areas that would be set out in

the plan particularly around return on investment within Better Care Together were being discussed at the Delivery Group. The Executive then had a wide ranging discussion on the need to develop a sustainable plan going forward and the acceptance that there needed to be good clinical buy-in to whatever plan was developed. There was discussion regarding the need to ensure that all clinicians, primary and secondary, were part of the agreement and delivery of the plan.

Other issues that were discussed included the 5 Year Forward View and the requirement within it to look at unaffordable services and to make difficult decisions regarding the 18 week target; Better Care Together and the return on investment discussions that were being undertaken; the issue of quality verses cost; that although the Trust had done very good work improving its quality to achieve 'good' status from CQC this had been at a considerable cost to the system and the increased pressure on cost again would bring back into sharper focus whether the quality agenda could be continued to the same level.

At the end of the discussion it was agreed that there should be some communication from the Accountable Care System Leadership Team to staff and the public to highlight the particular difficulties that the health economy was facing from the financial point of view.

KP

46/17 **LETTER FROM NHSE AND NHSI**

This had been discussed as part of the action list.

47/17 **TRANSITION HANDOVER UPDATE**

- a) **Learning Difficulties** – Hilary Fordham (HF) apologised for the fact that a written document had not been provided. She then went on to explain that there had been a number of difficulties identified with the handover of the LD agenda for South Cumbria patients from Cumbria CCG. The information regarding the patients had been received late and at least two of the patients on the list were experiencing significant difficulties in their packages of care even though one of them had been identified as low risk on the issues log that had been handed to the CCG.

HF assured the group that the staff were working through the difficulties with all the necessary parties but she still had significant concerns over the situation and so had asked for the item to be put onto the risk register with a high risk score. Jane Jones who was attending for this item and the next item confirmed this had happened. There was then discussion regarding the need to discuss the issues and concerns with NHS England Lancashire to ensure that they were fully versed in the difficulties that were being experienced. HF confirmed she had already asked for a teleconference to be set up with NHS England.

48/17 **CHANGES TO PUBLIC HEALTH SERVICES FOR CHILDREN IN CUMBRIA**

Jane Jones, Designated Nurse was attending for this item. Hilary gave a brief introduction to explain that this was an area that Cumbria CCG had been dealing with for some time together with Cumbria County Council, but the changes to the service which in some areas were significant needed to be brought to the attention of Morecambe Bay CCG. She also went on to explain that Lancashire County Council was undertaking a similar process with regards to its 0-19 services and the way in which they were commissioned and there may some lessons to be learnt from the way in which it was being undertaken in Cumbria.

Jane then explained that she had been attending the meetings regarding this service since the beginning of the calendar year and that there were three main areas of service which she wished to talk about:

- The first was the 0-5 service which is where the healthy child programme is largely undertaken this was not being changed significantly and would largely continue to as it was.
- The second area is the strengthening families team, this is where a number of services that are commissioned through public health and the CCGs were to come together to undertake statutory work regarding safeguarding. This was a redesign of a number of services including the family nurse partnership and some of the school nursing services across Cumbria.
- The final and main area of change was around the 5-19 year old service usually known as School Nursing. There would be very little school nursing in future across Cumbria, the role of school nurse would become very much a public health strategic role with significantly reduced numbers of people, 6 across the County, one for each locality providing an advice service.

It was noted by the Executive that Cumbria CCG had written to Cumbria County Council regarding their concerns particularly with the process of change which was happening and a lack of consultation, a lack of provision of a quality impact assessment or an understanding of an impact on other NHS services. It was also noted that there might be a number of other risks that had not been set out in the letter that the CCG would need to consider, particularly whether or not there was sufficient early intervention services to take up the 'slack' that would be created by the lack of school nursing services and whether there would be an impact on primary care in the future. There was also concern raised regarding the possible inequity that would arise where it was likely that the lack of school nursing services would affect the more deprived areas significantly more than the more affluent wards.

The Executive noted the changes that were due to take place in April and May and there was agreement that the joint commissioning arrangements and the children's commissioning group should consider what monitoring information would be required to the review possible

AB/HF

impacts of the changes going forward.

49/17 **SCHEDULE OF MEETINGS**

Andrew confirmed that the Schedule of Meetings for the Executive, the Governing Body, the Membership Council and the AGM had all been confirmed. Barbara Carter was still in the process of ensuring that locality meetings were booked in suitable venues and on correct dates for the South Lakes and the Furness areas of Morecambe Bay.

50/17 **CLINICAL LEADS UPDATE**

Anthony Gardner and Hilary Fordham gave an update on the Clinical Leads appointments which were being made, the areas where agreement had been reached were urgent care; planned care; pharmacy; cancer and IT and Informatics.

With regard to Children and Maternity and the Safeguarding and Quality arrangements these depended on some discussions that were underway with Lauren Dixon regarding her Executive role and the items of work she wished to undertake. Hilary had had a discussion with her earlier in the day where she had indicated that she would prefer to undertake work around children and maternity in her two sessions for her Executive Clinical Lead role and that whilst she was happy to provide support for Safeguarding and Quality until alternative arrangements could be made this would not be a permanent session for her. She would have some further discussion with Julia Westaway concerning the mix of children and maternity work within in her portfolio which would then enable further discussions to be had with other clinical leads regarding the third post, which would either be children or maternity.

LD

With regard to Quality and Safeguarding Margaret Williams updated the group that Amy Lee had agreed that she would be able to take on one additional session to cover either Furness or Lancashire North, it was therefore agreed that further expressions of interest would be sought for the other quality and safeguarding post. With regard to Mental Health further discussions needed to be had with the person who had put their expression of interest in.

With regard to Dementia, Sam Jebur had shown an interest in the post and it was agreed that although she was not working within practice as she had a number of links with the agenda already and nobody else had shown an interest the post would be agreed for a two year period, but with a one year exit clause.

With regard to Learning Disabilities two people had put their name forward and Hilary was in the process of discussing it with those two leads.

End of Life - Muhammed Aktar was the only GP who had expressed an interest, Hilary had met with him to discuss the role and suggested that

he speak to a number of other people regarding the role as he had not been a GP lead before and had also asked him to ensure that his practice was aware of his intentions and that was acceptable to them.

Health and Well Being - three GPs had shown an interest and it was agreed that objectives for the Executive lead needed to be agreed first so that the objectives of the individual taking up the clinical leads session could be set and then a conversation could be undertaken with all three.

Those where there was a clear agreement of the posts would now be approached to complete Office Holder Contract paperwork.

Andy Knox then raised a concern regarding admin support for GP Executives and Clinical Leads. It was agreed that this would be taken away and reviewed outside of the meeting.

51/17 **DRAFT GOVERNING BODY AGENDA**

Andrew explained to the new Executive members that Lancashire North CCG had tended to use a template agenda for its meetings, setting out strategy, commissioning, quality etc. and that he intended that Morecambe Bay CCG would do the same.

A number of items were added to the agenda:

- The CHC Equity Policy should be on the agenda under Commissioning if it has been agreed at an Executive meeting prior to 23 May 2017.
- A number of finance items needed to be added so that the financial strategy and budget for 17/18 and the sign off of final accounts for Lancashire North CCG for 16/17.
- There was discussion regarding population health and whether a paper should be put onto the agenda it was agreed that this probably wouldn't be ready for 23 May 2017, but it would be helpful to signal this was coming and it was an approach the CCG wished take.

There was then some discussion regarding the Governance Framework for managing LIFT schemes within the new CCG and whether this should be discussed at the Governing Body meeting. Further consideration would be made of this and then the decision could be made as to whether this should be on the Governing Body agenda or not.

52/17 **MORECAMBE BAY PRESCRIBING WORK PLAN 2017/18 DETAILED PROPOSALS**

Graham Atkinson attended the meeting to discuss the paper. Before the paper was discussed it was noted that the budget figures within the paper were incorrect and should be rectified, however the areas of work which Graham wishes to take forward and wished the CCG

GA

Executive to discuss were not affected.

A considerable discussion took place regarding the recommendations. Recommendation 1, 2 and 3 were agreed. The recommendation regarding introduction of rebate schemes would be considered further and the paper would be brought back to the Executive to a future meeting. It was agreed that Optimise Rx should be the policy across Morecambe Bay CCG and it was noted that the likely savings that would accrue. Discussion was held regarding GP Practice prescribing budgets but it was agreed that it was better to have expenditure statements and trends rather than actual Practice budgets.

AM/GA

53/17 ITEMS FOR THE NEXT AGENDA

STP acute and specialist services work stream - Andrew described the STP acute and specialist services work stream and a presentation which he had seen regarding all of the different work streams that were held within that. He felt the Executive needed to be aware of it and to have a chance to discuss what this meant for Morecambe Bay.

54/17 ANY OTHER BUSINESS

- a) CPFT services being hosted by UHMBT – Alex updated the group that discussions were ongoing between the two organisations as to whether UHMBT should host the CPFT community services in the future. He had been asked by Jackie Daniel to be part of the planning of the operational management going forward.
- b) Andrew went on to discuss the staff development event which was on 25 April 2017 and was an opportunity for the Clinical Executives to meet the staff of the new CCG.

55/17 DATE AND TIME OF NEXT MEETING

Tuesday, 9 May 2017 at 2.00pm in the Silk Room, Moor Lane Mills, Lancaster.