

Minutes ratified on
25 July 2017

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE**

**Tuesday, 11 July 2017 at 2.00pm
Silk Room, MLMs**

PRESENT:

Andrew Bennett	Chief Officer
Dr Geoff Jolliffe	Vice Clinical Chair
Dr Andy Knox	GP Executive Lead – Health & Wellbeing
Dr Andy Maddox	GP Executive Lead – Contracting, Finance and Quality
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
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

Action

117/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Cliff Elley, GP Executive Lead – Commissioning, Dr Lauren Dixon - GP Executive Lead – Women and Children.

118/17 DECLARATIONS OF INTEREST

There were no Declarations of Interest for any of the Items.

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.

119/17 MINUTES OF THE MEETING OF HELD ON 27 JUNE 2017

Notes of the Meeting held on 27 June 2017 were accepted as an accurate record with one amendment; Item 112/17 – the final sentence to read 'it was confirmed that the CCG has a Policy in place which covers issues of sponsorship'.

120/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

Item 63/17 – Action to be removed. There is no progress as yet although steps are being taken. This will be brought back to the Executive when it is complete.

Item 104/17 – Is on the Agenda and so can be marked as complete.

Item 106/17 - Not yet at the date.

Item 118/17 – Is on the Agenda and so can be marked as complete.

Item 109/17 – Has been completed.

Two other Items that were not on the Action Sheet were picked up from the notes.

Out of Area Registrations

Although the information had been provided to the GP who had raised the query as stated in the minutes of the last meeting, there was still some outstanding issues being raised. Alex Gaw would pick this up with Hazel Smith.

AG

EXTENDED HOURS – 8 TO 8 UPDATE

Kevin Parkinson updated the Group regarding the point that had been reached with regard to a stocktake of developments in each of the two areas; Lancaster and Morecambe and South Cumbria and informed the Group that there was a meeting with the relevant managers the next day.

Kevin also asked the Executive where it believed the decisions should be taken regarding the outcome of the piece of work. It was agreed that there needed to be a summary of position produced and that that would need to come back to the Executive Group.

KP

121/17 **STANDING ITEMS**

a) Quality update

i) Safeguarding and Quality Report

Margaret Williams took the Executive through the Items in the Report in particular raising issues regarding the improvements that had been made with the care homes that had been causing concerns. The CCG had done some work to develop a standard template for homes to use when responding to the issues raised by CQC. She informed the Executive that she had a teleconference with the Director of Social Care for Cumbria Social Services and the Director of Public Health for Lancashire

County Council to discuss possible joint working around Safeguarding and Quality positions. The issue with regard to the update and completion of DNAR Forms was also discussed; this was being raised in a number of fora both with providers but also with CQC on what is required and what is practical to actually undertake.

Andrew Bennett asked a question regarding Item 3.2 which related to the HSMR figures that were reported for UMBHT who requested that a line in the report be amended as it was unclear.

An additional Paper had been sent out which was a summary of the serious case review for child LC. Margaret again talked through the report and the Executive discussed, at some length, the issues that had been raised. There was significant concern that the recommendations that the LSCB was putting in place, based on the serious case review, would not address the issues that were being raised, in particular the fact that there now seems to be significant information sharing but no follow up to check that information has been acted upon and very difficult pathways for primary care or other recipients of information to actually act upon it. It was suggested that this feedback be given to the LSCB. The Report will also be going to the Governing Body on the 18th July 2017. It was also suggested that a local meeting be convened for members of the LSCB to meet with local practitioners so that the difficulties that were being faced could be explained.

ii) *Quality Improvement and Assurance Report*

This Report was coming to the Executive in the absence of a Quality Improvement Committee prior to it going to the Governing Body on the 18th July 2017. Margaret again talked through the Report picking out a number of particular issues including the 12 hour breach target and the requirement by NHSE to StIES all those waits over 24 hours from now on. The target related to E-Coli, which was now in place and the difficulties that were being faced with achieving the target, issues related to the increasing number of children looked after assessments that were required and the fact that, although not official, it had been heard informally that Hillcroft Slyne had received a 'Requires Improvement' Notice which went against any information that was held locally regarding the Home. The formal Report is still awaited.

122/17 **STAFF SURVEY FOLLOW UP**

Matt France from the Bay Learning and Improvement Collaborative

(BLIC) attended to provide a brief update on the staff survey which had been undertaken in March prior to the CCG being formed. The survey had been based on the Barrett Survey which looks at staffs' desired and actual descriptions of working practices. The differences between the two sets of staff from Lancashire North and Cumbria were outlined, although it was acknowledged that transition was difficult for all staff and going forward it was important to understand the issues that were prevalent in relation to all working practices now that we were across the three sites.

There were a number of immediate issues which had been encountered particularly by the staff in Cumbria which it was important were acknowledged and acted upon. These particularly related to pay issues. Anthony Gardner was now meeting with a group of staff who had transitioned to ensure that all of their issues had been addressed.

A group was being set up to be attended by Andrew Bennett to take forward other of the issues which came out of the Workshop that had been undertaken in April. It was acknowledged that it was important to make sure that these were actioned and people could see that the Executive were taking the issues that had been raised seriously.

123/17 **FINANCE**

Kevin Parkinson updated the Executive on the current position regarding finance. At the end of month three the CCG was reporting a £3-£4M deficit which was related to the unidentified savings to address the deficit.

Kevin also updated the Executive that no formal response had been received on the CEP submissions that the CCG had submitted although it appeared that there was an expectation that CCGs were taking forward the things that they had identified as part of that process. As described in the last set of minutes, the Directors had met to discuss work that might be taken forward to assess the schemes that had been suggested that were within the CCGs sphere of influence. Kevin Parkinson circulated a document which set out the proposed way forward on a number of those areas. The clinical executives were asked to consider particularly issues around threshold management and policies relating to some areas. Following discussion regarding what that meant, the clinical leads agreed to take it into the Clinical Executive for discussion.

There then followed discussion regarding Comms and Engagement around the process. A draft narrative had been written for Andrew and Jackie Daniels to view. It was intended that that would be shared with a targeted group of individuals for discussion and refinement to be followed by wider public engagement. Kevin also confirmed that no response had been received from the National Team regarding the management of Comms and Engagement surrounding the process but the CCG would continue to chase for this particularly as Freedom

of Information Request had also now been received which needed to be considered.

124/17 **COMMUNITY SERVICES**

a. Community Service Integration

Alex Gaw provided some background for the Executive regarding the discussions that had been taking place between Jackie Daniels and Claire Molloy regarding transfer of some community services from CPFT to UMBHT. He and Hilary had had a meeting with the ICC Leads regarding this a few weeks previously and discussed what they would wish to see as part of this service transfer and the need for integration as part of it. As a result, the Paper that had been circulated had been produced which set out an alternative way of the services being transferred into the Accountable Care System (ACS) whilst being hosted by UMBHT but having a slightly different Management Structure. Hilary then talked through the Paper and the presentation which she was working on as an explanation to the work that had been taking place and the proposals that were being made. The Executive then had some discussion regarding the overall work and it was generally well received. There was some further discussion regarding how primary care sits within this particular proposal and it was acknowledged that that still needed to be addressed. The Executive were then informed of the timeline of a number of discussions and circulations of the Paper that would happen over the next few weeks.

b. Draft Commissioning Intention

Andrew then talked the Executive through a Paper that would be considered in Part 2 of the Governing Body at its next meeting regarding the Commissioner response to the proposed transfer of community services. He picked out particularly the conditions that the CCG was likely to put onto the process and it was agreed that perhaps this needed to be further strengthened and also the fact that there needed to be agreement by the CCG regarding the portfolio of services to be transferred and again, it was felt that the Commissioners should have a stronger role in agreeing those. There will be further opportunity to consider this Paper as part of the Part 2 Governing Body on the 18th July 2017 but the Executive agreed that it should go forward to that fora.

125/17 **COMMUNITY SERVICES IN BENTHAM JULY 2017**

Hilary explained that Helen McConville had written the attached Paper to give the Executive a picture of the services within Bentham and provided to Bentham as these had been discussed a number of times during the Shadow and Transition Phase. Helen McConville

was thanked very much for the Paper which gave a very clear outline and the Executive felt it was important that it had been brought at this time. The discussion developed suggesting that there should be a consideration of a self-contained solution, perhaps considering Bentham as more of an 'island' approach as you would get with a Scottish Island rather than trying to make the links that we make with other areas. There also needed to be a comparison with other patches in terms of spend so that they could be helped to understand the input this area was already having to their services and also where they received better or different services from the rest of the patch. There was also an agreement that, as part of the ACS development and the transfers in the next few months, there needed to be a thought given to how these services were managed. One note of caution to this was the link to the Local Authority that needed to be maintained. It was agreed that there were several things that needed to be thought about. It was also acknowledged that this should not take up a disproportionate amount of time in comparison with other areas in the CCG and so developments and movements forward may be slower than the Bentham Practice may wish them to be.

126/17 **REFUGEES**

Following the discussion at the previous meeting the Group had been circulated the Paper that Jacqui Thompson had produced setting out the current situation with regards the allocation of refugees to the CCG area. Following the discussion at the previous meeting, Hilary had asked Jacqui Thompson to look into the possibility of mental health assessments being commissioned as a whole from LCFT rather than on a piecemeal basis. She also suggested that there was a need to consider the allocation of refugees and the management of their health services on an STP Footprint and she had, again, asked members of staff to feedback that that was the view of the CCG.

127/17 **STANDARDS OF BUSINESS CONDUCT POLICY**

This has been deferred to a future meeting.

128/17 **POLICY FOR COSMETIC PROCEDURES, STAGE 3 REVIEW**

HF explained that Lancashire North CCG had been part of a process to review the cosmetics policies and a draft had been produced which had been agreed at Executive level by the CCG. When this had been taken back into the operational part of the CSU and considered by some other CCGs it had been felt that it was rather unwieldy to use and therefore the policy had been re-worked and re-drafted to be more user friendly. However, at the same time, the addition that the CCG had requested which had been put into the previous draft regarding 'port wine stains' in the middle of the face for children and addressing them had been removed from this particular version. There was discussion as to why this had been undertaken and it was agreed that Alex would raise this at the virtual clinical policy group

that he sat on for the CCG. Other Executives, particularly those from South Cumbria who would not have been part of the original process were asked to read the policy and provide any further comments within the next two weeks.

129/17 **DRAFT TERMS OF REFERENCE FOR THE FINANCE & PERFORMANCE COMMITTEE**

These were agreed and adopted.

130/17 **ANY OTHER BUSINESS**

There were no items of any other business that were raised.

131/17 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Tuesday 25th July.

Alex mentioned that he would be late to the meeting due to a clinical commitment. Andrew also raised the fact that this meeting was being attended by Malcom Ridgeway for discussion around Primary Care Development. A Programme of visits around the Barrow area for him would also be arranged with Geoff for the morning.