

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE
Tuesday, 25 July 2017 at 2.00pm
Stafford House, Barrow in Furness**

PRESENT:

Dr Cliff Elley	GP Executive Lead – Commissioning
Dr Geoff Jolliffe	Vice Clinical Chair (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– <i>joined by telephone</i>
Dr Jim Hacking	GP Executive Lead – Urgent Care and Mental Health
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

In attendance	Stephen Gough, Primary Care Transformation Manager, NHSE Jackie Forshaw, Head of Primary Care, NHSE Dr Malcolm Ridgway, SRO for Primary Care – Healthier Lancashire Katie Bibby (Student shadowing Dr Andy Knox)
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Action

132/17 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from, Andrew Bennett - Chief Officer and Dr Lauren Dixon, GP Executive Lead – Women and Children.

133/17 **DECLARATIONS OF INTEREST**

Declarations of Interest where made by Clinical Executives in regard to item 137/17 – Primary Care Development.

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.

134/17 **MINUTES OF THE MEETING OF HELD ON 11 JULY 2017**

The minutes of the meeting on 11 July 2017 were accepted as a correct record.

135/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

Item 106/17 – **Primary Care Estates Strategy** – on-going

Item 120/17a) – **Out of Area Registrations** - action complete

Item 120/17b) – **Extended Hours – 8-8 update** – Other meetings were taking place within the CCG to discuss. On-going

136/17 **STANDING ITEMS**

a) Quality update

For this particular Executive the quality update was the assurance framework and risk registers. Margaret Williams introduced the items, but then acknowledged that there was further work to do to ensure that these documents were accurate and fit for purpose.

b) STP Update (Part 2 GB feedback sent to STP)

Following the Part 2 Governing Body where the proposals to delegate decision making to the Joint Committee of CCGs had been discussed, Andrew Bennett had prepared a feedback statement to be submitted to the STP. In Andrew's absence, Kevin Parkinson (KP) read the statement to the executives who agreed that it was a fair reflexion of the discussion at the Governing Body. KP expected that these would be considered at the first meeting of the STP Joint Committee following Andrew's return from holiday and there would then be feedback to the Executive from that.

c) Better Care Together (Outcome of ACS Leadership item)

Kevin Parkinson updated the Executive on the discussion at the ACS Leadership Team the previous week; this brought the Executive up to date regarding the development of the Clinical Design Authority. There was acceptance that this should be developed further, but that there was still some work to do on its role, remit and membership and governance processes.

He updated the group that the integrated services proposal which had been discussed at the previous executive meeting had been discussed at the leadership team and was very well received and would now be moved further forward.

He also updated the group that a further paper was being written on the future of the Accountable Care System, this was likely to take the form of a Business Case which organisations

would take to their Governing Bodies or Boards in September. There was a timeline associated with this process.

137/17 **PRIMARY CARE DEVELOPMENT**

Malcolm Ridgway (MR), Stephen Gough (SG) and Jackie Forshaw were attending in order to talk about the STP approach to Primary Care Development. MR gave a brief introduction setting out the work that was being undertaken in relation to the GP Forward View; the challenges that were faced in terms of need to increase productivity and quality across the service, to see an increase in productivity gain of approximately 23% by 2020. This was to both manage the increase in workload but also the fact that more and more work was designed to being undertaken out of hospital.

Whilst the GP Forward View offered some development of primary care opportunities it was felt by the STP that the development of primary care networks offered further benefits. This was the STP's phrase for developing primary care units based on GP registered population of approximately 20-30,000 and working with community services including mental health.

The Executive felt that this replicated the work of the ICCs and so for Morecambe Bay our primary care networks would be the ICCs. MR outlined some funding that was available nationally of £1 per head to assist with this initiative; it was a one off payment and was due to be made directly to Practices.

The Executive then undertook a discussion regarding what opportunities there would be relating to funding to ICC development and these might include developments in mental health, respiratory and increased care planning or the frailty work. There was also discussion regarding whether or not some of it should be used on GP workforce development skill mix opportunities.

In terms of the next steps there was a proforma to complete. It was agreed that the CCG would take away the information that had been provided by MR and SG and consider it for some potential further discussion with them on the work that might be undertaken within Morecambe Bay CCG.

138/17 **FINANCE**

Kevin Parkinson updated the Executive on the operational position which was similar to that reported in the last minutes, where at the end of month 3, the CCG was reporting a deficit which was related to the unidentified savings that were needed to address the deficit. However there were particular signs that activity within a number of areas had decreased, these included prescribing and some areas of activity within UHMBT, although there were some issues associated with the translation of that reduction of activity in UHMBT into a cost reduction, some of which was related to particular long stay patients.

Whilst this was positive in the fact that it was helping to offset the Rightcare QIPP that the CCG had identified and suggested a move in the right direction, this did not address any of the further QIPP requirements in the current year.

KP updated the group that regarding the national QIPP support, this was now being offered to the CCG in the form of additional prescribing support and additional nursing time in order to undertake CHC reviews. There was still some operational detail to be clarified regarding this.

With regard to the CEP process, there had still been no formal response received by the CCG on its previous submission, however the message from NHS England generally was that CCGs were getting on with the plans they had put in place, this had been announced by Simon Stevens in a speech that he had given. He had also gone on to say that there would be help for CCGs with difficult decisions and a national assembly was being set up to undertake this function. A further submission was required this Friday, which following discussion at the Governing Body would show the items were the Governing Body had agreed to both get on with the work, but also where some additional analysis was required. There would however be an outstanding balance shown relating to those items that had not been agreed to be taken forward. This was likely to raise some concern within NHS England. It was clear now that a performance management framework was being set up and Kevin would brief further on this at the next meeting. Andy Knox asked whether the work of the Clinical Executive that had been requested at the last meeting was still timely and he was assured that it was.

Kevin then went on to brief regarding the progress of the work that PWC was undertaking on behalf of the ACS. There was a meeting the next evening, Wednesday, 26 July, with the Clinical Body to feedback the work to obtain agreement from the clinicians that this reflected the discussions that had been had. It was felt that this was a very important meeting to ensure clinical 'buy in'. The timeline that had then been set for the agreement of the financial plan was then to meet with the timeline that had been agreed regarding the paper for Governing Bodies and Trust Boards in relation to the further development of the ACS.

It was agreed that the Executive meeting on 22 August 2017 would be converted to an informal Governing Body pending checking that the Lay Members would be able to attend on that particular day. It was also agreed that the Governing Body could be moved to 26 September 2017 but again pending the attendance and availability of all of the Members of the Governing Body for 26 September.

KP

139/17 **DESIGN PRINCIPLES**

This item was deferred to a future meeting.

140/17 **UPDATE ON INTEGRATED CARE SERVICES**

Anthony Gardner updated the Executive on the processes that were being undertaken to consider how the Countywide services which are currently provided by Cumbria Partnership Foundation Trust (CPFT) should be taken forward given the proposed transfer of community services from CPFT into the ACS. The Directorates within CPFT were reviewing a number of options and would come back to the Commissioners with proposals for the future shortly. It has also been agreed there needed to be a commissioning view of how this was managed going forward. Further discussion would be held at future Executive meetings regarding the outcomes.

141/17 **STANDARDS OF BUSINESS CONDUCT POLICY**

Whilst this policy remained largely the same as the one that had been in place in Lancashire North CCG, Kevin Parkinson wanted to bring to the attention of the Executive Section 9 which related to sponsorship, because of the discussions that had been held at a previous meeting.

It was agreed that members would review the section and provide any feedback to Kevin before the next meeting so that it could be signed off as part of 'Matters Arising' at the next meeting.

ALL

142/17 **COMPLAINTS POLICY**

The Policy was agreed with the exception of the addition of the sentence related to identifying the course of the complaint and take action to prevent recurrence, which occurs as one of the good practice standards for NHS Complaints Handling 2013 on the bottom of page 5. It was felt that it is not always possible to take action to prevent reoccurrence and this had been demonstrated with the complaints that were being received regarding pharmacy and it may be worth putting a sentence in to acknowledge that it may not be possible to always prevent all complaints and different ways of enabling the public to understand the pressures and the reasons for changes in policy may be necessary. Kevin to action the change with Jacqui Thompson.

KP

This led to a further discussion regarding the increase in the numbers of complaints and the workload that this had generated and the requirement therefore to have a different conversation with the public about the need to manage within the means of the CCG and also to have discussion with GP Practices who may be using the complaints process of the CCG in order not to address the issues within their Practice.

143/17 **TRANSFORMING CARE UPDATE**

Hilary Fordham (HF) presented the paper which Janette Buckland had written to set out progress being made particularly in relation to absorbing the South Cumbria transforming care cohort of patients into

the processes that had been within Lancashire North CCG. It was acknowledged that there had been considerable progress made since the 1 April 2017 and that Janette Buckland and Anna Timmins in particular had worked very hard in order to accomplish this. HF pointed out that whilst the situation was much better and we understood in detail the patients that were now part of the cohort she did believe that there would be further patients who would become apparent during the financial year that were not known to the CCG at the current time because of the paucity of the handover. Janette and Anna were thanked very much for their work and it was deemed to be very impressive given the short timescale that had passed since 1 April 2017.

The Executive then went on to discuss an issue which had arisen with the ASD service in South Cumbria. Hilary gave some background as to why she was asking for some support from the Executive regarding this service. It was agreed that she would feed back to them to say that the Executive was not acceptive of closing the waiting list, they did wish to see changes to the way in which the services were run, to group support after diagnosis and more signposting and also a more targeted approach to assessment, assessing those who were believed likely to gain more benefit from the assessment first in the process.

Hilary thanked the Executive for their input and would feed back to the Service.

HF

144/17 **SCN MATERNITY REVIEW TORs**

Hilary Fordham explained the background to the review and this was on the back of the completion of the RCOG report some time ago. TOR were for the review which was due to take place in October. TOR were agreed as being comprehensive and what was required. A number of the Executives asked to part of the visit including Geoff, Margaret and Andy Knox.

145/17 **PLANS FOR AGM**

Hilary Fordham on behalf of Jacqui Thompson outlined the expectation for the AGM which was due to take place on 20 September 2017. There was agreement that the focus shouldn't be completely on Lancashire North even though this was formally Lancashire North's AGM. There was a suggestion that as well as considering choices that had been proposed by Jacqui and Andrew that there should also be a focus on the first six months of Morecambe Bay CCG.

146/17 **ANY OTHER BUSINESS**

There were two items of other business

a) **Prescribing** – Anthony Gardner updated the Executive that

whilst Graham Atkinson had undertaken work to present back to the Executive, consultation process for two policies, he has been developing very recently, national guidance had been received setting out the work that NHS England was suggestion should be undertaken regarding a range of different prescribing policies. Graham therefore had asked for extension to the period of time to develop the consultation process so that he could review the guidance and ensure that any engagement or consultation process was undertaken covered all of the areas NHS England were not suggesting CCGs should undertake locally. This was agreed.

- b) **Respiratory pathway** – Andy Knox raised some concern that there had been some miscommunication regarding the respiratory pathway. Kevin Parkinson confirmed that that was true; that there had been miscommunication but assured the Executive that the CCG was still fully behind the development and implementation of the Respiratory Pathway.

147/17 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Tuesday, 8 August 2017