

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
GOVERNING BODY
Tuesday 16 July 2019 at 2.00 pm
The Forum Theatre, Ante Room, Duke Street, Barrow-in-Furness**

PRESENT:

| | |
|-----------------|--|
| Mr C Unitt | Lay Member (Chair) |
| Mr M Bone | Lay Member |
| Dr Lauren Dixon | GP Executive Lead - Womens and Childrens |
| Miss H Fordham | Chief Operating Officer |
| Mr A Gardner | Director of Planning and Performance |
| Dr J Hacking | GP Executive Lead - Urgent Care and Mental Health |
| Mr J Hawker | Chief Officer |
| Dr A Knox | GP Executive Lead - Population Health and Engagement |
| Mr K Parkinson | Chief Finance Officer/Director of Governance |
| Dr A Severn | Secondary Care Doctor for the Governing Body |

In attendance:

| | |
|-----------------|--|
| Mrs B Carter | Corporate Affairs Support Manager (Minutes) |
| Mr G James | Chief Finance Officer/Director of Governance |
| Mrs S Stevenson | Healthwatch Cumbria |

Action

70/19 WELCOME AND INTRODUCTIONS

Clive Unitt (CU) welcomed members of the Governing Body and members of the public to the meeting of the Governing Body of Morecambe Bay CCG (MBCCG). Governing Body members introduced themselves to members of the public.

71/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Geoff Jolliffe, Clinical Chair, Hazel Parsons, Lay Member and Margaret Williams, Chief Nurse.

72/19 DECLARATIONS OF INTEREST

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. A collective declaration of interest was raised by the Clinical GPs against agenda item 9.0. (78/19) Proposed Extension to Primary Care Contracts. Recorded declarations of interest can be viewed on MBCCG's website.

73/19 **MINUTES OF THE LAST MEETING HELD ON 21 MAY 2019**

The minutes of the last meeting of the Governing Body held on 21 May 2019 were agreed as a correct record subject to spelling corrections to Sue Stevenson's name throughout the minutes.

74/19 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

Matter Arising:-

Jerry Hawker (JEH) updated the Governing Body on the following three reports referenced in the minutes under the Chief Officer Report item 49/19:-

Cumbria SEND Inspection - the report will be presented to the Governing Body on the 17 September 2019 to align with Cumbria Council reporting.

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) Care Quality Commission (CQC) Report - the report has been received by the Clinical Quality Group and the Executive Committee. A formal report will not be brought to the Governing Body as indicated within the minutes.

Whorlton Hall - a report was received by the Executive Committee. NHS England is carrying out a formal review of the incident. The report from the management of the case and also the implications from NHS England's review will be brought to the Governing Body at a future date. JEH extended his thanks to all staff who had worked hard to manage the two patients involved from Morecambe Bay.

Annual Report and Accounts 2018/19 - item 57/19. Kevin Parkinson (KP) explained the process around adopting the Annual Report and Accounts by the Governing Body. The Auditors take into account the Governing Body's decision and then formally provide their opinion.

Action Sheet - complete.

75/19 **CHIEF OFFICER REPORT**

Jerry Hawker (JEH) provided an update on progress within the CCG and reflected on regional and national events that are relevant to the Governing Body. The following areas were highlighted:-

Policy on Primary Care (Prescribing) Rebate Schemes - on today's agenda for ratification. The Executive Committee have approved the introduction of the scheme.

Bid for Funding - the CCG have been successful in their bid for funding from the Mental Health in Schools Programme. Hilary Fordham (HF) thanked everyone across the system who had been involved in bid. The funding will help support schools in Barrow and

Morecambe which are two of the more deprived areas.

2018/19 Annual Assessment - NHS England have assessed the CCG overall as 'good' for 2018/19. This is a significant improvement from the 'Requires Improvement' rating that was received in the 2017/18 end of year assessment. JEH said it was a testament to the CCG's leadership and also the engagement with the local health economy that this level has been achieved. JEH thanked everyone for their hard work on achieving the rating.

Patient and Public Engagement Assessment - as part of the Annual Assurance process NHS England has a legal duty to assess how well each CCG has discharged its public involvement duty as well as a commitment to supporting continuous improvement in public participation. MBCCG were assessed as 'Good' in four out of five domains with a final RAG rating of 'Amber'. The CCG was rated as 'Requires Improvement' for the domain relating to feedback and evaluation. The CCG will aim to improve the position in 2019/20 as part of the wider Bay Health and Care Partnership (BHCP) approach to public and patient engagement.

Appointments - welcomed all new members.

NHS Long Term Implementation Framework - JEH explained the reasons why the Implementation Framework was not attached as stated in the report. JEH summarised the Implementation Framework and explained that it builds on the NHS Long Term Plan and sets out the requirements over the next five years. The Integrated Care System (ICS) will produce a response to the NHS Plan to reflect the Implementation Framework in each of the ICS's five year plans. MBCCG's ICS plan is based on the plans within each of the five Integrated Care Partnerships (ICP). It was noted that the challenge would be the expectation to try to move forward on all items at the same time and to also deliver the level of investment whilst returning the NHS to financial balance.

RESOLVED:

The Governing Body noted the paper.

76/19 **BAY HEALTH AND CARE PARTNERS UPDATE**

JEH presented the report which provided an update on key activities for Bay Health and Care Partners (BHCP) workstreams. The following areas were highlighted:-

Workforce Strategy - workforce transformation support for out of hospital clinical models have been commissioned from the NHS Transformation Unit (TU) which will support the development of BHCP's future workforce vision by helping to define and build the future workforce model. A potential Primary Care Academy is being designed which aims to expand and enhance the current Primary Care workforce areas. Learning from the TU and the Primary Care

Academy will continue to reinforce and build on the main workforce for out of hospital care.

Respiratory Care - following the work undertaken at a clinical and system level, Morecambe Bay is now progressing to implement the new respiratory service which will be carried out on a phased basis. The pilots in Lancaster and Barrow will be influential to a second Business Case to roll-out across all areas.

ICP Development - progress has been made on the system objectives together with finalising how to work together as a Leadership Team.

Detailed discussions were held on the iMSK model of care. Dr Andrew Severn (AS) asked what the plans were for the existing service and the biomedical service. Anthony Gardner (AG) said that it would be approached as a system with a connection between the pain consultants linking into the psychology service. It was noted that this was an enhancement to the iMSK service.

AS requested further information on frailty and was interested in what discussions had been held around the practicalities of who would be doing this and how available they would be. AG and Hilary Fordham (HF) agreed to obtain more information and feedback to AS.

AG/HF

Alfred Barrow Health Centre Official Opening - due to slippage on the construction the opening was now expected to be in the Autumn.

RESOLVED:

The Governing Body noted the current update of Bay Health and Care Partners.

77/19 **THE EMOTIONAL WELLBEING OF CHILDREN AND YOUNG PEOPLE AGED 11 TO 25 IN CUMBRIA**

Sue Stevenson (SS) gave a presentation on The Emotional Wellbeing of Children and Young People aged 11 to 25 in Cumbria. The presentation covered a piece of work which had been carried out in Cumbria from a Healthwatch perspective working with children and young people. The engagement took place between July 2018 and October 2018. Two surveys were carried out for people aged between 11 and 18 and 19 and 25. The key messages and concerns of the surveys were highlighted together with some recommendations.

Detailed discussions followed the presentation and included Mental Health Services; CAMHS and future priorities for the Governing Body.

78/19 **PROPOSED EXTENSION TO PRIMARY CARE CONTRACTS**

A collective declaration of interest was raised by the Clinical GPs. It was agreed that the Clinical GPs could remain in the meeting and take part in the conversation but not take part in the vote.

KP presented the report which provided a proposal in relation to contract extensions for the currently commissioned services which are deemed as “in scope” within the document, namely the Out of Hours, Extended Access and Urgent Treatment Centre Services. Detailed background information and the current position were provided for the commissioned services.

KP stated that the report provides proposals in relation to contract extensions but it was not designed to provide solutions to any future integrated service design as this could only be possible after significant review, assessment, discussion and co-design of possible options which will be done separately.

The CCG Executive Committee has agreed to the extension of each of the five contracts. KP highlighted the summary of recommendations within the report to the Governing Body.

Kendal Urgent Treatment Centre is classed as out of scope in terms of this contracting proposal as it is now a part of UHMBT and forms part of the core Urgent Care offer from the Trust. It was noted that this service would likely be in scope when the review of the services to the next stage of the potential procurement was undertaken.

RESOLVED:

The Governing Body approved the contract extensions recommendations within the paper which have been supported by the CCG Executive Committee as follows:-

- **Out of Hours contracts - it was recommended that both current Out of Hours contracts (PDS and CHOC) are extended until the end of March 2021 (with a view to fully investigate and consider a Morecambe Bay only integrated service approach in the interim period).**
- **Extended Access Services contracts - it was recommended that both Extended Access Service contracts are extended until March 2020. This will provide sufficient time to liaise and engage with Primary Care Networks (PCN) to determine their appetite to accept the Extended Hours Contracts prior to 2021/22. There would be a possibility to extend the current CHOC and PDS contracts until March 2021 if the PCNs were not ready or able to demonstrate their readiness to deliver the contracts from April 2020 and if the providers could provide tangible assurance in relation to improved delivery of capacity and utilisation. Engagement with current providers and PCNs will be undertaken between September 2019 and January 2020.**
- **Urgent Treatment Centre contract - it was recommended that the Urgent Treatment Centre (UTC) contract is extended until March 2021 with a review of all UTC and Out of Hours services within this period with a view to possible**

redesign and integration. Consideration should be given to include the Clinical Assessment Service and an Acute Visiting Service as part of this review.

JEH said that the CCG must now complete the review in a timely manner and bring back the conclusions on this work to the Governing Body by early 2020. The review needs to challenge the CCG's thinking around value for money and around the quality of experience for patients and members of the public to access urgent primary care.

79/19 **PRIMARY CARE (PRESCRIBING) REBATE SCHEMES**

Anthony Gardner (AG) presented the Primary Care (Prescribing) Rebate Schemes report and provided some context around Prescribing Rebate Schemes or Primary Care Rebate Schemes (PCRS) as they were formally known. The schemes are contractual arrangements offered by pharmaceutical companies or third party companies which offer financial rebates to CCGs on GP prescribing expenditure for particular banded medicines. MBCCG is the only CCG in the Lancashire and South Cumbria ICS not to make use of rebate schemes.

Further to the GB (part 2) meeting on 19 March 2019 the CCG Executive Committee considered and approved the introduction of rebate schemes as part of its QIPP programme for 2019/20 in view of the significant savings plan required. The Policy for consideration and approval of PCRS was subject to approval by the Governing Body. The policy makes clear that rebate schemes will in no way influence clinical decision making. GPs will continue to make clinical decisions on prescribing in the best interest for patients. The schemes will be administered on behalf of the CCG by Midlands and Lancashire Commissioning Support Unit (MLCSU) who will undertake the appropriate checks in line with the policy. The individual schemes will also be considered by the Area Prescribing Committee who will recommend approval to the CCG Executive Committee.

Discussions were held on the rebate scheme, prescribing generic drugs compared to branded drugs, value for money and the opioid crisis.

RESOLVED:

The Governing Body ratified the decision taken by the CCG Executive Committee to implement a policy on Prescribing Rebate Schemes.

80/19 **QUALITY IMPROVEMENT AND ASSURANCE REPORT QUARTER 1 APRIL 2019 - JUNE 2019**

AG presented the report which outlines how the CCG delivers its statutory duties to maintain and improve quality of services commissioned including safety and experience. The full report will be produced on a quarterly basis with a dashboard containing exception

data provided on a monthly basis. An update on the following key areas was provided:-

Public Health Budgets (PHBs) - MLCSU are working with the CCG in developing and implementing processes to ensure all relevant new and current packages for Continuing Healthcare (CHC), Learning Disabilities, Mental Health and Complex Adults are offered PHBs and given the correct information and guidance.

Cumbria Safeguarding Board Peer Review - the LGA Peer Review took place with the Cumbria Safeguarding Board on the 6 and 7 March 2019. Findings and recommendations of the review were highlighted.

E.coli - the Department of Health aims to reduce E.coli blood stream infections each year by 10% from a baseline taken in 2016. MBCCG and most local CCGs are breaching this ambition. NHS England and NHS Improvement have offered support to Lancashire and South Cumbria in their approach to reducing E.coli infection rates.

12 Hour Acute Breaches - breaches continue to occur, although numbers have reduced. The support received from the third sector was acknowledged.

Continuing Healthcare Quality Premiums - the CCG are not achieving the Quality Premiums as set nationally by NHS England although there have been some improvements in the target.

Cancer Waiting Times - there was a discrepancy within the report as it shows performance against the target for people treated within 62 days from national screening to first treatment achieving at 90.5%. The CCG Performance Report shows that it is not achieving at 88%. These figures will be checked and clarified.

RESOLVED:

The Governing Body appraised and agreed the detail covered in the report.

81/19 **ASSURANCE FRAMEWORK AND RISK REGISTER UPDATE**

KP presented the Assurance Framework (AF) and Risk Register (RR) report. The reports inform high level strategic risks against the CCG's triple aim objectives and also of the high level corporate risks associated with CCG statutory activity and clinical workstreams. The report assures the Governing Body around how the CCG recognises, identifies and manages risks.

Each of the high level risks has a nominated Senior Manager and an Executive Lead who is responsible for the continual management and mitigation of the risks recorded. Electronic links are on the contents page which link to individual embedded areas. The Quality Improvement Committee (QIC) which is a sub-committee of the

Governing Body invites risk owners to their meetings to talk through and to do a deep dive into the risks. Dr Andy Knox (AK) said that risks also go to the BHCP Leadership Team and that the risk ratings might be different to the Governing Body ratings. The reasons for the differences in ratings were explained.

JEH said he was pleased with the progress being made around the AF and the linking to the CCG's strategic intent. The CCG are trying to mirror the work with the ICP so that the ICP has an AF that looks the same in terms of style and layout as the CCG's and are starting to learn how to manage risks that are both statutory body and system level.

CU raised the following - AF201 on page 1 of the AF report shows a downward movement but on page 11 it shows no change. KP said that they should match.

CU said RR208 on the heat map was not listed in the list of risks to the side of the heat map. The colours do not also seem to match the heat map. KP said that the colours should match and he would raise these concerns with Margaret Williams.

RESOLVED:

The Governing Body noted and supported the following:-

- **Noted the registers are reviewed in compliance with the current CCG's Risk Management Strategy and Policy including discussions at the Quality Improvement Committee, Audit Committee and Executive Management Team.**
- **Supported the recommendation that the refreshed registers and approach to recording, reporting and mitigation of risk compliments the CCG's effectiveness of risk management practices.**

82/19 **STAFF BEHAVIOURS FRAMEWORK**

JEH presented the Staff Behaviours Framework and said that this piece of work started through a staff engagement exercise. Since November 2018 discussions have been held around the values and behaviours that are important to staff. As the NHS moves forward in terms of working across systems the behaviours that are important in one organisation need to be valued and considered by other organisations. Staff felt it was important that they had their own identified behaviours that could be transferred across into the new ways of working.

JEH acknowledged and commended Hannah Brooks and the Communications Team for the work done on the Staff Behaviours Framework.

RESOLVED:

The Governing Body endorsed the staff behaviours framework, agreed to act as role models and advocates for the framework and provided feedback on proposals for implementation.

83/19 **HEALTH, SAFETY AND FIRE ANNUAL REPORT 2018/19**

HF presented the Health, Safety and Fire Annual Report 2018/19 which provided a summary of the work undertaken by MLCSU's Health, Safety and Fire Team to MBCCG for the period 1 April 2018 to 31 March 2019. The report confirms that the CCG complies with important areas of national legislation. The factual report summarises action relating to mandatory training of staff, external assessments and confirms the status of the environment in which staff work.

Mike Bone (MB) said the compliance under training was disappointing. JEH confirmed that a new Corporate Services Group had been set up and the group would be focusing on staff compliance against mandatory training.

JEH said that item 11. Estates mentions Moor Lane Mills but the CCG operates out of three buildings. Clarification was requested from the CSU that the statement covers all the properties and the evidence of the CCG. Barbara Carter agreed to contact the CSU for clarification.

BC

RESOLVED:

The Governing Body noted and agreed the following:-

- **Noted the Health, Safety and Fire Annual Report 2018/19.**
- **Agreed to the Health, Safety and Fire objectives for 2019/20.**

84/19 **MORECAMBE BAY CCG SEAL**

KP briefed members on the use of the CCG's seal. The CCG is required by its Constitution to report to the Governing Body on the use of the seal. The seal was used for the Grant Agreement between Lancashire County Council and NHS Morecambe Bay Clinical Commissioning Group. The money will be used on areas like Art of Hosting.

RESOLVED:

Members of the Governing Body noted the use of the seal.

85/19 **CCG PERFORMANCE REPORT**

Anthony Gardner (AG) provided an overview of the CCG's performance at the end of June 2019 taking into account the CCG's position on finance, activity and constitutional commitments. The following key areas were highlighted:-

As part of the planning for this year's contract round the pressures on

the Urgent Care system were recognised and the CCG contracted for a higher level of A&E attendances and non-elective admissions. The activity to date is below plan in both of these areas which was reassuring.

Urgent Care - there is still significant pressure on the Urgent Care system in terms of the A&E performance targets. It is below the A&E target and below the national standard and includes the locally agreed planning trajectory.

Elective Care - Out-patients first and follow ups are above plan. Some of the BHCP work is starting to make an impact on follow ups. Respiratory is having an impact on first Out-patients. Some of the slippage in terms of delivery of the accelerator programmes is having an impact in terms of the level of activity. Elective ordinary In-patient is significantly below plan. This is more to do with the pressures on UHMBT around their ability for getting people through the operating theatres given the potential downtime in operating theatres.

Elective Care - elective ordinary In-patient is significantly below plan. This is more to do with the pressures on UHMBT around their ability for getting people through the operating theatres given the potential downtime in operating theatres.

12 Hour Breaches - these have been quite high in previous months although they have reduced considerably in the past month.

Elective Care Performance - there was an inaccuracy in the report on page 4. The waiting list size refers to 22,438 which was the size of the waiting list in March 2018. The current period is inaccurate as it shows 22,186. The graph on page 4 shows above target in month 2. The graph fluctuates during the first couple of months of the year and then drops back as performance improves in terms of performance.

Cancer Targets - the 14 Day Target and 31 Day Target were achieved. The 62 Day Target was not met.

Mental Health - all three indicators for IAPT prevalence, IAPT Recovery and Dementia are green. The cross over between Mental Health and the Urgent Care System in terms of mental health breaches still has some way to go before there is consistently good performance.

JEH referred back to the Chief Officer report and the NHS Implementation Framework and said there is increasing Regulator expectations to see significant improvements in performance linked to the investment that has been received into the NHS.

KP provided an overview of the CCG's financial position for month 2 for the period ended 31 May 2019. The CCG is reporting a breakeven position for the year to date, with a forecast outturn position of breakeven, both of which are in line with the financial plans

submitted to NHS England at the start of the financial year.

When the budgets were previously approved by the Governing Body there was a QIPP requirement of £16m for the year of which schemes to the value of approximately £10m were identified leaving an imbalance of £6m. Month 3 is indicating that there are more agreed opportunities of areas to pursue to meet some of the imbalance. The month 3 report to NHS England shows a reduction on the unidentified QIPP figure from £6m to £3.9m.

It was noted that whilst there has been some improvement in the report on the financial position the risk in the system was still there but on a better basis from which to take that position due to the understanding of everyone working and focusing on QIPP.

RESOLVED:

The Governing Body noted the CCGs performance against the key finance, activity and key constitutional measures.

86/19 **QIPP DELIVERY REPORT**

AG presented the report which provided an update on the CCG's delivery of its QIPP target for 2019/20. The report outlined the following key actions that have been taken:-

- To baseline current delivery and performance.
- To strengthen the governance arrangements on QIPP delivery and risk management.
- To identify and implement new schemes to close the unmet QIPP gap.

The level of unidentified QIPP has reduced from £5,920m to £3,927m but there was still an element of risk in the system. The areas of potential QIPP are currently being worked through. The CCG are working hard across the system to make sure that action is taken to both recover the position and where appropriate accelerate the ability to realise savings.

JEH re-emphasised that the schemes that are currently being looked at will all be pending and subject to Governing Body decisions. It was noted that as a system all partners should focus on reducing waste and inefficiencies.

JEH reinforced that this was a transition year between statutory responsibilities to balance the finances and responsibilities as a system to meeting system control totals. Conversations are on-going with the Trust around how to manage the risk. One of the important areas was around modernisation and the recognition of understanding what impact schemes introduced by the CCG would have on the Trust and vice versa. Conversations are starting between Morecambe Bay

ICP system and the ICS around some of the challenges in the system and how these are managed across Lancashire and South Cumbria.

RESOLVED:

The Governing Body noted and considered the following:-

- **Noted and endorsed the progress on QIPP delivery.**
- **Considered the pipeline of schemes being developed that may need to be presented to the Governing Body in future meetings.**
- **Noted the current challenges around delivering the QIPP and the unidentified gap of £3,927m in QIPP delivery and considered whether additional assurance or action was required.**

87/19 **URGENT CARE IMPROVEMENT PLAN**

HF presented the report and updated the Governing Body on the work which had taken place to produce an Urgent Care Improvement Plan for the Morecambe Bay footprint. The report outlined the key priority areas of focus to deliver improved urgent care performance and outlined the associated governance structure to ensure all key stakeholders are sighted on the work.

The demographic information within the Improvement Plan shows that the four hour target in Morecambe Bay has not been achieved for some considerable time. The A&E Delivery Board has set in process the development of a revised Recovery Plan.

The A&E Delivery Board wanted to ensure that the Governing Body were sighted on what was being proposed and to give an opportunity to comment and state when updates on progress were required.

The four priority areas within the report were discussed in detail. The next stage was to understand what the impact would be for each of the schemes and to concentrate on which schemes would give the most impact.

AK said the Executive Committee had discussed this in some depth. As an Executive he felt that he did not feel assured that the report would make a difference to the performance and said that more investigative work to help understand what was going on was required. Detailed discussions were held.

It was agreed that a highlight report updating progress would be brought to the Governing Body on a bi-monthly basis.

RESOLVED:

The Governing Body noted and proposed the following:-

- **Noted the plan and its proposed priorities and associated reporting structures.**
- **Proposed a timeframe by which the Governing Body would like to receive progress updates against this work.**

88/19 SAFEGUARDING CHILDREN PARTNERSHIP ARRANGEMENTS AND CHILD DEATH REVIEW ARRANGEMENTS FOR BLACKBURN WITH DARWEN, BLACKPOOL AND LANCASHIRE

Received for information.

89/19 CUMBRIA SAFEGUARDING CHILDREN PARTNERSHIP PLAN

Received for information.

90/19 AUDIT COMMITTEE MINUTES 7 FEBRUARY 2019

Minutes of the Audit Committee were received for information.

91/19 EXECUTIVE COMMITTEE MINUTES 23 APRIL 2019, 14 MAY 2019 AND 28 MAY 2019

Minutes of the Executive Committee were received for information.

92/19 LANCASHIRE HEALTH AND WELLBEING BOARD MINUTES 19 MARCH 2019

Minutes of the Lancashire Health and Wellbeing Board were received for information.

93/19 LANCASTER DISTRICT HEALTH AND WELLBEING PARTNERSHIP MINUTES 17 APRIL 2019

Minutes of the Lancaster District Health and Wellbeing Partnership were received for information.

94/19 ANY OTHER BUSINESS

JEH said that this was KP's last Governing Body meeting before he retires from MBCCG. The Governing Body recognised KP's contributions both to Morecambe Bay and the NHS for the last 41¾ years.

KP thanked everyone and provided a brief overview of his NHS career and said that he felt relationships, honesty, trust, principles and morals were important key factors to be remembered.

There was no other business.

95/19 **DATE AND TIME OF NEXT MEETING**

Tuesday 17 September 2019 at 2.00 pm, Morecambe Football Club,
Globe Arena, Morecambe.

Draft