

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
GOVERNING BODY
Tuesday 15 January 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 L Dixon	GP Executive Lead - Womens and Childrens
Dr C Elley	GP Executive Lead - Elective Care
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
Dr A Maddox	GP Executive Lead - Contracting, Finance and Quality
Mr K Parkinson	Chief Finance Officer/Director of Governance
Mrs H Parsons	Lay Member
Mrs M Williams	Chief Nurse

In attendance:

Mrs M Barron	ICC Development Lead (Barrow) for agenda item 8.0. (item 11/19)
Mrs B Carter	Corporate Affairs Support Manager (Minutes)
Mrs K Kyle	System Programme Director for agenda item 7.0. (item 07/19)
Mrs H McConville	Senior Manager ICC and Community Services Development for agenda item 8.0. (item 11/19)
Mrs G Sadler	Healthwatch Cumbria

Action

01/19 **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.

02/19 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Mike Flanagan, Secondary Care Doctor for the Governing Body, Hilary Fordham, Chief Operating Officer and Dr Geoff Jolliffe, Clinical Chair.

03/19 **DECLARATIONS OF INTEREST**

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. No declarations of interest

were made. Recorded declarations of interest can be viewed on MBCCG's website.

04/19 **MINUTES OF THE LAST MEETING HELD ON 20 NOVEMBER 2018**

The minutes of the last meeting of the Governing Body held on 20 November 2018 were agreed as a correct record.

05/19 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

Matter Arising - there were no matters arising.

Action Sheet - the action sheet was reviewed and updated as follows:-

Item 117/18 - Continuing Healthcare Choice and Equity Policy. Covered under agenda item 6.0. (06/19) Chief Officer's Report. Complete.

06/19 **CHIEF OFFICER'S 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:-

NHS Plan - covered under agenda item 12.0. (item 12/19) NHS Plan and 2019/20 Approach to Planning.

Brexit - the Department of Health and Social Care have issued guidance on the European Union (EU) exit operational readiness. The guidance sets out actions required of all NHS organisations. An EU Group is being formed with a requirement to complete an assurance check by the end of January 2019.

CHC Policy - at the last Governing Body meeting on 20 November 2018 a revised CHC Choice and Equity policy was considered. The Governing Body approved the policy subject to clarification of text in brackets at item 8.3. Confirmation has now been received that the statement is correct and is part of the policy.

Key Announcements - the 20% reduction in admin costs against the baseline for 2017/18 is against the plan rather than the actual.

RESOLVED:

The Governing Body noted the paper.

07/19 **BAY HEALTH AND CARE PARTNERS UPDATE**

JEH introduced Karen Kyle, System Programme Director, Bay Health and Care Partners (BHCP) who supports the system in terms of overseeing work that is carried out across the Bay.

JEH presented the report which provided an update on key activities for BHCP workstreams. The aspirations set out in the NHS Plan are parallel to this report and reflect on the progress BHCP are making as a local economy. The following areas were highlighted:-

Population Health Management - the NHS Plan talks about Population Health Management from a strategic point of view. Morecambe Bay are embedding it at a strategic level but also ensuring it is embedded within the Integrated Care Communities (ICC) as part of normal working rather than a project or a programme.

ICCs - continuing to make good progress.

Accelerator Workstreams - brings together important areas of work. One of these areas is the development of the New Care Model and the ambition to improve care in a more efficient and sustainable way. Work around respiratory and MSK reflect that ambition. Good progress is being made within those areas.

JEH highlighted the connection between the NHS Plan and the on-going work within Morecambe around re-imagine Out-patients.

Digital - the summary within the report reflects the work being carried out within Morecambe Bay with strong links to the NHS Plan and its aspirations.

It was noted that the aspirations set out by BHCP are moving forward with good progress being made. It was encouraging to note that many of the areas are reflected in the wider aspirations of the NHS through the NHS Plan.

Margaret Williams (MW) provided an update on the Accelerator Workstreams for Care Homes under frailty. A successful meeting had been held with clinical teams from the Integrated Care Services (ICS) to implement this service for South Cumbria. Acknowledgement was given to the work that had been done which benefit both individuals and Primary Care.

The Governing Body were asked if there were ways of capturing work that has already been completed to ensure it underpins the co-design of the new system. It was noted that some of this work is already happening via a System Design Authority who are a group of clinicians who act as a check and challenge for the Leadership Team on re-design work and engagement.

JEH said that there are well established processes in place around areas of re-design and briefly explained the re-designing process of a care pathway within Morecambe Bay.

It was noted that the Vanguard work as a system re-design was very successful. It was encouraging to see the work appearing in the architecture of the new NHS Plan.

RESOLVED:

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

08/19 **PROCEDURE FOR THE PERFORMANCE MANAGEMENT OF SERIOUS INCIDENTS**

MW presented the procedure and confirmed that it was a procedure and not a policy. The procedure has been written in line with national guidance and is in line with other CCG's procedures. The procedure outlines the responsibilities of MBCCG in relation to Performance Management of Serious Incidents (SI) which are reportable on the Strategic Executive Information System (StEIS). This is the first version update undertaken since CCG boundary change occurred on 1 April 2017.

MW explained that in the main it is large Acute and Mental Health Trusts that usually access the StEIS system. MBCCG supports smaller organisations when they report a StEIS in terms of accessing the web based system and flagging it up.

A log of changes made to the procedure was noted. The procedure has been updated due to changes in NHS guidance, updates, regulations and requests.

The following amendments were noted and would be amended before publication - various spelling errors; references to policy rather than procedure and the Senior Information Risk Owner (SIRO) title within Section 3.3. was incorrect. The wording within Section 3.4. is going to be changed to reflect that the procedure applies to all providers which the CCG commission services from. Appendix 3, StEIS incident areas and examples to be split into two sections to divide Acute Hospitals and CCGs in terms of types of incidents reported.

The Governing Body requested that reference to individual people's names be removed from the procedure.

RESOLVED:

The Governing Body appraised and agreed the content of the procedure subject to the changes discussed.

09/19 **DOMESTIC ABUSE AND THE WORKPLACE POLICY**

MW presented the policy and explained that this is the first policy of this type for the CCG employed workforce. The policy has been produced by designate professionals across Lancashire and South Cumbria for all CCGs.

The CCG recognises that it must be very clear and supportive towards employees in terms of them being either the perpetrator or someone who has suffered abuse.

The policy has been through adequate checks from Human Resources and the designate network in terms of ensuring that it fits with the legal framework.

It was agreed that the review date of 2019 will be changed to 2020 and individual names removed from the policy.

RESOLVED:

The Governing Body noted the content and approved the Policy.

10/19 **CCG PERFORMANCE REPORT**

Anthony Gardner (AG) provided an overview of the CCG's performance at the end of December 2018 taking into account the CCG's position on finance, activity and constitutional commitments.

AG reported that following the transfer of the Garstang practice to another CCG the correct level of activity is now being recorded. The following key areas were highlighted:-

Urgent Care - performance had shown a slight improvement but was not in line with standards. This was disappointing but not unexpected following previous reports and the national position on Urgent Care. A number of actions have been put in place through the A&E Delivery Board to ensure all projects of work progress at a timely manner.

Elective Care - continued under-performance on In-patient Elective Care associated with some of the challenges at University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) in terms of operating theatres and diagnostic equipment. A Vanguard theatre is now up and running at Westmorland General Hospital (WGH) which will help to recover the position, although unlikely to be fully recovered by year end. Overall the waiting list was below the March 2018 level as required by NHS England. The Trust is working to ensure this will not manifest into too many 52 Week waits.

There was some slight over-performance on some of the Day Case activity and Out-patient procedure activity which was due to spare In-patient capacity being focused more on Out-patient work.

Cancer – there had been improvement in a number of the cancer standards since the last report. The 14 Day Target waits are now being achieved and improvements have been seen in breast targets following previous reports of diagnostic and workforce challenges. There is on-going pressure on the 62 Day Target but the Trust is taking action on the long waits. The CCG are monitoring the situation to ensure UHMBT are on track to achieve the 62 Day Target by March 2019 subject to no further challenges in diagnostic equipment, workforce issues and the potential impact of any winter pressures that are on-going.

Mental Health - standards remain relatively good. The only target

area that is under-performance at the moment is access to IAPT. Improvements are being seen against previous report. It was expected that by the end of 2018/19 there will be full recruitment of the workforce. An error was noted on page 23 the IAPT standard showed 1.40% rather than 1.58%.

It was recognised there are a lot of challenges in producing the report on a monthly basis and therefore the format and frequency of the report is being considered.

Kevin Parkinson (KP) said the CCG and UHMBT are working with NHS England and NHS Improvement around obtaining some emergency capital to support performance the Trust.

KP provided an overview of the CCG's financial position for the period ended 30 November 2018. The CCG is reporting a £1,267k deficit for the year to date, with a forecast outturn position of a £2.6m deficit. This is in line with the required target/control total for the year following receipt of the first two tranches of the Commissioner Sustainability Funding (CSF) of £400k and £1m.

The current trend of increasing levels of non-elective and A&E activity is putting pressure on the ability of the CCG to achieve this target.

JEH said the opportunity for the CCG to generate savings towards year end becomes very limited and that it is therefore important that working with partners across the Bay to ensure the importance of operating within funding is recognised.

RESOLVED:

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

11/19 **INTEGRATED CARE COMMUNITIES PROGRESS REPORT**

Helen McConville, Senior Manager ICC and Community Services Development and Maxine Barron, ICC Development Lead, Barrow gave a presentation on Integrated Care Communities (ICC) in Morecambe Bay. The presentation covered the following areas - What is an ICC; the seven foundations; leadership; evidence; measures against trajectories; anticipation of need; Barrow ICC; social prescribing; Multi-Disciplinary Teams; how ICCs engage with the wider system; using new technology; promoting new ways of working; developing autonomy and delegated authority together with discussions on what next.

Detailed discussions were held on the presentation.

12/19 **NHS PLAN AND 2019/20 APPROACH TO PLANNING**

JEH gave a presentation on the NHS Long Term Plan which is the response to the Governments offer of the £20.5bn funding over the

next five year period which equates to approximately a 3.8% increase per year. The NHS Plan came with a number of caveats from the Government and sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window.

The plan sets out the ambitions for the NHS in two parts - what the NHS is trying to deliver within the current legislation and what a change in legislation would enable the NHS to do better, quicker and more effectively. The ten year plan is a high level plan with a requirement for each ICS/Sustainability and Transformation Partnership (STP) to produce a plan setting out how the ten year plan will be delivered in each of the 44 ICS/STP areas. This will require consultation with the public in each of those areas. For MBCCG this means a consultation across Lancashire and South Cumbria. There will not be any formal mandatory or regulatory requirement for the CCG to consult on the NHS Plan. The CCG will consult and engage with members of the public in Morecambe Bay as part of the wider ICS work.

JEH highlighted the following seven chapters within the NHS Plan - a new service model for the 21st Century; action on prevention on health and inequalities; progress on care quality and outcomes; NHS staffing; digitally enabled care mainstream across the NHS; tax payers investment used to maximum effect and next steps. The one year operating plan is seen as a transitional plan. ICS have to produce a five year plan. An NHS Assembly will be established in early 2019 to advise NHS England and NHS Improvement on progress on the Plan.

JEH highlighted the provisional list of legislative changes. The CCG will develop an Operating Plan and work with partners to develop a response to the NHS Plan. The plan will demonstrate how the CCG will operate within their financial responsibilities.

AG gave a presentation on 2019/20 Approach to Planning - BHCPs Planning: MBCCG and UHMBT Operational Plan 2019/20 and BCT. It was noted that at the time of producing the presentation the guidance had not been published.

Planning guidance information and requirements were highlighted. There is a requirement for a 2019/20 Operational Plan for each individual NHS organisation and a System Plan for each ICS or STP.

It has been agreed with NHS England and NHS Improvement that in light of the planning guidance the Sustainability and Financial Recovery Plan will be refreshed to recognise these changes.

AG drew attention to the following section on financial frameworks for CCGs from the planning guidance - allocations for 2019/20 have been set to fund a stretching but reasonable level of activity, the impact of the 2018/19 pay awards and changes to national tariff. Allocations will also ensure CCGs are able to meet commitments to the mental

health investment standard, increasing investment in primary medical and community services sufficient to meeting long term commitments.

The key dates within the Operational Plan 2019/20 were highlighted. It was noted that the CCG had submitted the first draft 2019/20 Planning Submission which was around the expected activity levels based on the Sustainability and Financial Recovery Plan work.

Planning for a refreshed Better Care Together (BCT) strategy is underway along with planning arrangements for the ICS Long Term Plan with both expected to be developed by August/September 2019.

The BCT2 planning timetable was discussed. A workshop will be held at the end of February 2019 to look at what worked well with the BCT strategy, reflect on successes and to understand how fundamentally the model needs changing.

Public engagement and governance runs throughout the planning phase and it was noted that public engagement was essential.

13/19 EXECUTIVE COMMITTEE MINUTES 13 NOVEMBER 2018

Minutes of the Executive Committee were received for information.

14/19 JOINT COMMITTEE OF CCGS MINUTES 7 JUNE 2018, 5 JULY 2018 AND 4 OCTOBER 2018

Minutes of the Joint Committee of CCGs were received for information.

15/19 LANCASHIRE HEALTH AND WELLBEING BOARD MINUTES 18 SEPTEMBER 2018

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

16/19 QUALITY IMPROVEMENT COMMITTEE MINUTES 2 OCTOBER 2018

Minutes of the Quality Improvement Committee were received for information.

17/19 ANY OTHER BUSINESS

There was no other business.

18/19 DATE AND TIME OF NEXT MEETING

Tuesday 19 March 2019 at 2.00 pm, Kendal Rugby Club, Kentdale Suite, Kendal.