

Minutes ratified on
10 December 2019

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE
Tuesday, 26 November 2019 at 2.00pm
Silk Room, Moor Lane Mills, Lancaster**

PRESENT:

Dr Sarah Arun	GP Clinical Executive
Hilary Fordham	Chief Operating Officer
Anthony Gardner	Director of Planning and Performance
Dr Jim Hacking	GP Clinical Executive
Jerry Hawker	Chief Officer
Gareth James	Chief Finance Officer/Director of Governance
Dr Geoff Jolliffe	Clinical Chair
Dr Rahul Keith	GP Clinical Executive
Margaret Williams	Chief Nurse

Action

280/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Lauren Dixon, GP Clinical Executive and Dr Andy Knox, GP Clinical Executive.

281/19 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to this meeting. 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.

282/19 MINUTES OF THE MEETING OF HELD ON 12 NOVEMBER 2019

Minutes of the meeting held on 12 November 2019 were agreed as an accurate record.

283/19 MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET

Action Sheet

254/19 – Resource Utilisation. Gareth updated the group that due to the demands of the current planning round he had not been able to move this forward. This should be turned red but left on the action sheet.

257/19 – this had now been completed. Jerry had updated the staff at the staff briefing. Action now complete.

258/19 – should be turned red and left. The meeting that needed to take place was still outstanding.

259/19 - should be turned red and left. The meeting that needed to take place was still outstanding.

284/19 **BHCP FINANCIAL RECOVERY PLAN UPDATE**

Gareth James introduced this item by saying that he would update on the financial position for the CCG and Bay Health and Care Partners for this financial year. He then wished to have some discussion with the Executive regarding management of the year end process and plans for 2020/21.

He updated the Executive that the financial position being declared to NHSI and NHSE for 2019/20 remained the same as that which he had reported to the Governing Body the week before. With the CCG forecasting a deficit of £2.5M, the Trust forecasting a deficit of £3M so as a system the total deficit was forecast as £5.5M. There is a further teleconference to take place on 27 November 2019 with regulator representation.

The Executive then went on to discuss a number of possible initiatives that may help with the position in the remainder of the year. These were discussed at some length and plans made for discussion with NHSI & NHSE.

The Executive then went on to discuss the plans for 2020/21 and how these are being developed through the FDG process and needed to be matched with the investments and pressures that were required as part of the planning round. A full summary of those developments would be brought back to a future Executive meeting.

285/19 **ICS PARTNERSHIP DECISION MAKING FLOW**

Jerry Hawker introduced this item by explaining that the ICS had been looking at its governance and decision making processes to make them more streamline and fit for purpose. The document that had been sent out was a first draft of that process. Jerry had undertaken to provide some feedback as part of his role in reviewing the governance process and he was therefore expecting an updated version.

There was then some discussion regarding how the decision making processes within the ICS feed into Bay Health and Care Partners ICP structure to ensure that when documents land at a meeting for discussion or agreement at ICS level the person representing the ICP has an ICP view.

286/19 **ENGAGEMENT WITH MEMBER PRACTICES DISCUSSION**

Jerry Hawker gave some back ground to this item where he wished to explore engagement with Member Practices on the back of the Membership Council which had taken place two weeks previously and an email exchange which a number of people on the Executive had been party to.

There was first of all discussion regarding the arrangements and the management of the Membership Council and a number of actions were to be taken forward outside of the meeting. Jerry Hawker would lead that discussion together with Geoff Jolliffe and a number of other Executives.

JEH

With regard to ensuring that there was good engagement with member practices and PCNs as they developed further discussion took place regarding how the locality meetings now work and whether that should be revisited ensuring that there was feedback to member practices from the Joint Primary Care meeting and the Membership Council.

There was then discussion regarding the desire to ensure that PCN Clinical Directors were involved in the shaping and discussions within the ICP. It was confirmed that Andy Maddox has now been identified as PCN representative on the GPPA. There was also discussion regarding Jerry and Hilary attending the PCN Clinical Directors meeting to further explore communication routes and involvement of PCN Clinical Directors in the appropriate decision making processes.

Hilary and Jerry would take forward the communication with PCN Leads outside of the meeting.

287/19 **MBCCG ASSURANCE FRAMEWORK REVIEW: AF197 AND AF200 – NOVEMBER 2019**

Gareth James introduced this item by saying that these were the two risks that were held by the Executive Committee. He talked through the process of review and the Executive agreed that the current risk rating and actions were accurate.

288/19 **ADVANCING INTERGRATION BY DELIVERING THE INTERMEDIATE CARE STRATEGY**

Hilary Fordham introduced this item by setting out the background to the two papers that the Executive had received.

Lancashire BCF Steering Group had agreed to undertake a review of intermediate care in 2018; this had been extended during 2019 to include the two Unitary Authorities and South Cumbria. This had led to a delay in the report coming out so that a Lancashire-wide report had been received during the summer but the Morecambe Bay report had not been available to the end of September hence the paper that

had been submitted to the ICS Board had pre-dated the papers now coming to CCG Executive and the ICP Leadership Team.

It was explained that there was considerable interest in implementation of the Strategy that had been set out in the report at an ICS level because it appeared to show the possibilities of savings across the ICS area. It was clarified that the figures within the report are calculated figures and are not based on actual expenditure and therefore actual savings ability. This would be returned to later in the item.

Hilary then went on to give a short presentation of some of the key findings of the review which showed that the outcomes being achieved within the Lancashire North area were better than those being achieved across most of Lancashire and the outcomes in Barrow/Millom and South Lakes are more variable but generally not at positive in South Lakes.

She then went on to describe the work that had been undertaken as part of the review to design a new model through working with care professionals and the work that needed to be undertaken in order to implement. She then talked about steps that had already been taken within the Morecambe Bay area to start to implement the work; some of which predated the Carnell Farrar review, and the work that needed to be undertaken to pull those streams together with work across the ICS to look at areas that should be undertaken on a wider footprint such as record sharing and Trusted Assessor model.

She returned again to reiterate the fact that one of the most significant pieces of work that needs to be undertaken is to look at the current cost of intermediate care services across the Bay, both health and social care. From this it can then be calculated as to what additional expenditure is required to reach the levels of increase that Carnell Farrar are predicting based on demographic growth and shifts of care, and then the possibility for any savings or cost efficiencies as part of that process.

The Executive noted the work that was ongoing and were very supportive of continued development of this workstream. They also noted the facts around the financial position and agreed that although it should be included within the financial recovery plan and programme, at present it was not possible to identify specific savings against it.

289/19 **INDIVIDUAL FUNDING REQUEST SERVICE QUARTERLY REPORT, QUARTER 2 2019-2020**

Margaret Williams introduced this item by explaining that this was a regular update paper. It is showed some general improvements in the application process, in particular the number of IFRs which were now being received from the South Cumbria area which had been significantly higher at the time of merger, had now reduced to a

commensurate level with Lancashire North and the rest of Lancashire. It was pointed out that following discussion at a previous Executive meeting and some feedback to the IFR team at the CSU, who provide the service, work had been undertaken to clarify the process around service developments. This work was ongoing; Margaret felt that steps were being made to improve the process. Two questions of clarification were raised:

- First related to communication aids, she asked where this work was being undertaken as she knew that there were impacts around this for the CCG, particularly in relation to Beaumont College. Margaret agreed to take that away and ask where the work was being fed through.
- The second question was in relation to a point on page 5 of the report which suggested that Morecambe Bay CCG had not yet ratified the IFR process document. Margaret fed back that she had already raised and the comment was being amended as the CCG had agreed the paper.

MW

The Executive noted the report.

290/19

CHILDREN'S PALLIATIVE AND END OF LIFE CARE MATCH FUNDING PROPOSAL

Julia Westaway attended for this item. The background to this item was explained in that a letter had been received from NHS England about 3-4 weeks ago explaining that there were three pots of money associated with End of Life and Palliative Care:

- The first was a provision of support to adult and children's palliative care providers, hospices in particular to help manage increasing costs they had experienced due to pay rises given to the NHS but not allocated to hospices who often need to award similar rises in order to retain their staff.
- Second area related to a national children's hospice grant programme which would be allocated directly to children's hospices, no details is known about that at present.
- The third area which was the subject of this particular item was the potential to access match funding for palliative and end of life care services for children. The application process for the match funding completes on 29 November 2019 and the Executive were being asked to consider the work that had been undertaken to formulate a proposal and to agree both the funding that the CCG would need to identify to match fund and to put in the proposal.

Julia talked through the presentation she had prepared as part of the considerable work she had undertaken together with UHMBFT and Derian House the main hospice provider to the CCG.

She was able to point out that as part of the work that had been undertaken Derian House Hospice had identified that South Cumbria residents do not access their services to the same level as other areas, probably due to the distances required to travel and had agreed to take a proposal to their Board to fund, out of their reserves, some staffing to work in the South Cumbria area and to identify the need that maybe not being addressed as part of that gap.

She then went on outline the proposal to address some of the current gaps in end of life and palliative care services within the Morecambe Bay area and particularly to gain equity between Lancashire North and South Cumbria help move the service forward towards the levels of service that the RSN recommend. It should be noted that the proposal being made would not bring Morecambe Bay up to the RSN recommended level but would start that process.

The proposal also suggested requesting some funding to support specialist level of care which would work across the ICS level if all of the CCGs were successful in obtaining the match funding.

The proposal did require the CCG Executive to pre commit from the Community and Primary Care Uplift Funding for 2020/21 and there was therefore considerable discussion about the impacts of doing this and whether that was an equitable way to address the proposal.

After considerable discussion it was agreed that due to the priority nature of this area and the ability to bring in additional monies as part of this process which would benefit the population of Morecambe Bay that pre-commitment would be made, however a number of caveats were placed on that agreement and they were:

- There needed to be consideration of what other services may need to be reduced or decommissioned if this was not deemed to be in the highest priority area when the prioritisation process for all investments was undertaken should we be successful in getting the funding
- That there should also be some consideration given to the phasing of the introduction of the posts so that the additional costs to the CCG could be managed over a period of time.

Julia was thanked very much for the significant amount of work that she had undertaken in a very short period of time to pull the proposal together, not just to help the Morecambe Bay CCG but also helping the whole of the ICS to develop its strategy for Children and Young People's end of life and palliative care.

291/19 **STANDING ITEMS**

a) **Quality and Safeguarding - Key Messages and Exceptions**

Margaret Williams updated the Executive on three issues:

- Developments around the Wings school in relation to some safeguarding incidents
- Urology Services review update
- A media enquiry issue which had come to light the previous night. This related to the Stuart family which was already in the public domain.

b) **ICP Development**

Jerry Hawker updated the Executive that following on from the successful afternoon workshop on ICP development on 30 October he had had further discussions with the LMC and the GPPA and Lancashire County Council regarding their involvement in the development of the next stages of the ICP. He had developed a matrix which he was asking all organisations to complete regarding how they felt their organisation wished to develop as part of the ICP over the next 4-5 year period.

This would help inform the output from the work that Jerry and Aaron Cummins had been mandated to undertake.

c) **ICS Update**

No further update

d) **Mental Health Update**

No further update

292/19 **ITEMS FOR THE NEXT AGENDA**

There were no agenda items put forward.

293/19 **ANY OTHER BUSINESS**

No items of any other business were raised.

294/19 **DATE AND TIME OF NEXT MEETING**

The next Executive Committee is at 2.00 pm on 10 December 2019 in the Silk Room, Moor Lane Mills, Lancaster