

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
GOVERNING BODY
Tuesday 19 November 2019 at 2.00 pm
The Forum Theatre, Grasmere Suite, Duke Street, Barrow-in-Furness**

PRESENT:

Dr G Jolliffe	Clinical Chair (Chair)
Dr S Arun	GP Executive Lead - Commissioning
Mr M Bone	Lay Member
Dr L Dixon	GP Executive Lead - Primary and Community Care
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
Mr G James	Chief Finance Officer/Director of Governance
Dr R Keith	GP Executive Lead - Quality and Performance
Dr A Knox	GP Executive Lead - Population Health
Mrs H Parsons	Lay Member
Dr A Severn	Secondary Care Doctor for the Governing Body
Mr C Unitt	Lay Member
Mrs M Williams	Executive Nurse

In attendance:

Mr J Barbour	Service Partner Communications, Midland and Lancashire Commissioning Support Unit for agenda item 18.0. (item 133/19)
Mrs B Carter	Corporate Affairs Support Manager (Minutes)
Mrs R Knagg	Engagement Officer, Healthwatch Cumbria for agenda item 10.0. (item 125/19)
Mrs C Niebieski	System Population Health Manager for agenda item 11.0. item 126/19)

Action

116/19 WELCOME AND INTRODUCTIONS

Dr Geoff Jolliffe (GJ) 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.

117/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Sue Stevenson, Healthwatch Cumbria.

118/19 **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.

119/19 **MINUTES OF THE LAST MEETING HELD ON 17 SEPTEMBER 2019**

The minutes of the last meeting of the Governing Body held on 17 September 2019 were agreed as a correct record.

120/19 **MINUTES OF THE JOINT ANNUAL GENERAL MEETING HELD ON TUESDAY 17 SEPTEMBER 2019**

The minutes of the Joint Annual General Meeting held on 17 September 2019 were agreed as a correct record.

121/19 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

Matter Arising - there were no matters arising.

Action Sheet - the action sheet was reviewed and updated.

122/19 **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:-

NHS England/NHS Improvement Single Operating Framework (SOF)
- MBCCG received their first assessment with NHS England at the end of September 2019. The outcome was positive towards how the CCG was working together as a system.

Alfred Barrow Health Centre - a celebratory event took place on 6 November 2019 with the official opening on the 11 November 2019.

Continuing Healthcare Overdue Reviews - the Executive Committee have approved a piece of work carried out by JEH and Margaret Williams (MW) from an Integrated Care System (ICS) perspective around overdue reviews. An outside company has been brought in to assist Lancashire and South Cumbria as they are under performing nationally in terms of Continuing Healthcare re-assessments. This will incur additional financial costs but it was important to ensure that patients were on the correct care packages.

Capital Funding - Governing Body members were reminded that they are in a period leading up to a General Election and therefore purdah applies. University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) was one of 21 Trusts selected to receive seed capital

funding to support looking at potential options for the refurbishment or investment into hospitals in Morecambe Bay. Lancashire Teaching Hospitals NHS Foundation Trust (LTH) was also named in the 21 Trust. Both Trusts are working with the ICS and CCGs to ensure a system wide approach is taken. Whilst the capital was linked to hospitals it was noted that it was about developing infrastructure for Morecambe Bay and not just for capital investments in hospitals.

Lancashire and South Cumbria Joint Committee of CCG's (JCCCG) Terms of Reference (ToR) - the JCCCG's ToR has been revised to better reflect the roles and responsibilities of the Committee in line with the system working across the ICS. Two actions were linked to the ToR around the appointment of a Vice Chair and the appointment of a Conflicts of Interest Guardian. Following agreement made at the October 2019 informal Governing Body meeting Governing Body members were asked to formally ratify the ToR.

The following questions were raised:-

Clive Unitt (CU) asked what return was expected on the investment from Continuing Healthcare and was it financial or patient related.

JEH said it would be both financial and patient related. The most important factor was to ensure that patients were on the correct packages of care. Evidence states that if patients were on the correct packages of care it would be more effective in terms of service care and therefore there would be a return on the investment. As this was an 18 month programme there would not be a return on the investment in this financial year.

GJ thanked Pamela Reid, the longest serving local member of NHS staff, who officially opened the Alfred Barrow Health Centre and said there was an enormous sense of gratitude and enjoyment from staff within the building.

RESOLVED:

The Governing Body noted and ratified the following:-

- **Noted the content of the paper.**
- **Ratified the approval of the Lancashire and South Cumbria Joint Committee of CCG's Terms of Reference.**

123/19 **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 area was highlighted:-

Integrated Care System Clinical Congress Update - on the 26 September 2019 more than 100 clinical leaders from across Lancashire and South Cumbria attended a Clinical Leaders Congress.

BHCP was well represented by clinicians from all disciplines across Primary, Community, Acute and Mental Health Services. The purpose of the Congress was outlined. One of the main areas highlighted was to try to keep clinical leadership visible in ICS work and to bring clinical leaders from across the system together.

RESOLVED:

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

124/19 **UPDATE ON THE LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM PLAN AND BAY HEALTH AND CARE PARTNERS BETTER CARE TOGETHER 2 STRATEGY**

It was noted that purdah applied to this item as it contain material that was not currently in the public domain.

Anthony Gardner (AG) reminded the Governing Body that Lancashire and South Cumbria ICS were required nationally to submit an ICS Strategic Plan by the 15 November 2019 in response to the NHS Long Term Plan (LTP) and the local needs of the population over the next five years. The plan was produced in line with briefings from previous Governing Body meetings and was submitted on time to NHS England and NHS Improvement. Feedback was expected from NHS England and NHS Improvement Regional Team around areas on finance. More work was anticipated which will then feed into the planning process for 2021.

BHCP Integrated Care Partnership (ICP) is currently undertaking a refresh of the Better Care Together 2 (BCT2) Strategy. A further update was expected to be presented to the Governing Body in January 2020.

JEH said it was important that all partners and stakeholders agree to sign up to the Strategy. Work was on-going around how to communicate and engage BCT2 to the public.

RESOLVED:

The Governing Boded noted the progress with the development of the Lancashire and South Cumbria Integrated Care System Plan and the refresh of the Bay Health and Care Partners Better Care Together Strategy.

Hazel Parsons joined the meeting at this point.

125/19 **HEALTHWATCH LANCASHIRE AND HEALTHWATCH CUMBRIA**

Rebecca Knagg (RK), Engagement Officer, Healthwatch Cumbria gave a presentation on the key functions of the local Healthwatch and provided a summary of activities and projects delivered across the Morecambe Bay footprint in recent months.

The presentation outlined Healthwatch's statutory functions and captured experiences from women using the breast screening services within the learning disabilities community. Findings from engagements with young people about their expectations around health and care services were highlighted.

Healthwatch Together had been highly commended at the Healthwatch England National Awards for two easy read toolkits they had produced on breast screening and cervical screening. The new Feedback Centre where patients and carers can leave reviews on local health and social care services was highlighted.

A question and answer session followed the presentation. Some of the key discussed were:-

JEH said that part of the reason for requesting the presentation was to ensure that it merges with the plans and ambitions of BHCP moving forward in the BCT2 Strategy. JEH asked how this had been received by the two Local Authorities and in particular the issues relating to transport and access to gyms. RK said it was recognised that more work was needed in those areas.

AG said following the presentation of the engagement document on the BCT2 Strategy at the assemblies, feedback received confirmed that people did want to be involved in the issues that affected them.

GJ asked if Healthwatch felt they should be involved in developments earlier. RK said that Healthwatch would like to be involved from the start of developments to support the CCG.

Dr Lauren Dixon (LD) joined the meeting at this point.

126/19 **POPULATION HEALTH UPDATE**

Claire Niebieski (CN), System Population Health Manager gave a presentation on BHCP's approach to population health. She explained that by referring to "population health" rather than the more traditional phrase "public health" helps avoid any perception that this is only the responsibility of public health colleagues. Population health is about creating a collective sense of responsibility across many organisations and individuals; in addition to public health discipline, in order to improve the health and well-being of the entire population, reduce the burden of disease and reduce the strain this puts on the system to support it.

It was noted that across Morecambe Bay there was a difference in life expectancy of 16 years for women and 14 years for men, with an overall average difference in healthy life expectancy of 17 years between areas of highest and lowest affluence. Over the next ten years the ambition was to close the gap in life expectancy and healthy life expectancy by 50% for those in the poorest communities.

Detailed discussions were held as follows:-

Gareth James (GTJ) asked if there was a series of small steps in place for what was planned. Dr Andy Knox (AK) confirmed there are detailed plans with key milestones and deliverables in place.

GJ asked how the CCG could judge that improvements are taking place in terms of commissioning and implementing the strategy. AK said that milestones and targets are in place and provided some examples.

JEH said that the report going to the ICP defines the steps and definitions of improvements. It was recognised that if the CCG sign up to looking at closing the gap by 50% over the next ten years that it would only happen because the Morecambe Bay system collectively wants to make it happen. JEH said it was important to go beyond just supporting the population health approach but to actually commit to it as long as the CCG as an organisation existed. Actions need to be put in place as soon as possible to ensure that the ten year target was met.

JEH said that if the CCG are going to commit to supporting the population health approach then they should be prepared to say that the investment needs to be consistent with the things that are driven by the population health approach around investment into community services, neighbourhoods and Community Voluntary Services. The Governing Body were asked to consider that support for the approach must be tacit as it sets an ambition for collective action and colleagues should consider what this would mean for future investment decisions.

Following discussions it was agreed that further detailed discussions would be held at an informal Governing Body meeting. Confirmation of a firm statement of what the CCG's intentions and commitments within the wider plan would be presented at a future Governing Body meeting.

RESOLVED:

The Governing Body acknowledged and supported the Population Health approach.

CN left the meeting at this point.

127/19 **QUALITY IMPROVEMENT AND ASSURANCE REPORT QUARTER 2: JULY 2019 - SEPTEMBER 2019 EXCEPTIONS REPORT**

MW 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 areas covered align to the delegated duties of the Executive Nurse.

MW highlighted the exceptions report and said there was some

progress in improvement targets being evident in terms of the Learning Disabilities Mortality Review (LeDeR) taking place and health assessments for Children Looked After (CLA). The CCG continues to review and receive assurance that the services commissioned on behalf of its population are accessible and of good quality care. The Quality and Safeguarding Team together with commissioning and provider colleagues check assurances around any impact to patients, learn from individual cases and apply that learning. The Governing Body were assured that patients are at the forefront of all this.

It was noted that it was Adult Safeguarding week and campaigns had been taking place nationally to raise awareness. Messages had been sent out around how to recognise any signs and how to support someone if they appeared to be vulnerable.

RESOLVED:

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

128/19 **WINTER PLAN**

Hilary Fordham (HF) presented the report and explained that each year the CCG are required to produce a Winter Plan. The report outlines the initiatives and actions to be taken by the wider Health and Social Economy to mitigate the pressures of Winter 2019/20. The Winter Plan has been submitted to NHS England and approved by the local Health Economy A&E Delivery Board.

HF stressed that the most important thing was to manage patients successfully and safely wherever they are. It was also important to try and maintain performance around A&E 4 Hour Waits and handover times as they are measures of patient experiences.

JEH said that there are two plans within the Winter Plan 2019/20. The A&E Recovery Plan which is around delivering sustained improvement and how to manage patient care through an emergency care system which sit behind the Winter Plan and are both reliant on each other. The Governing Body recognised that while there is a Winter Plan the challenge was within the NHS round workforce challenges. The work of Tim Almond (TA) and colleagues was acknowledged.

MW queried the following sentence in the covering report - "A need to remove 'care home capacity' from the priorities as it is not within our gift to influence this". HF said it was related to the Urgent and Emergency Care aspect. It was felt that it should remain in the report as the Emergency Recovery Plan is covered within that document.

RESOLVE:

The Governing Body noted the content of the formal System Winter Plan.

Gareth James (GTJ) presented the financial position for the period ended 30 September 2019 and confirmed that the CCG continue to report breakeven for both the year to date and the financial year end position. The CCG is therefore on course to deliver the financial control total agreed with NHS England and NHS Improvement. However, the CCG continue to report approximately £2.5m of additional risk which if not mitigated before the 31 March 2020 would result in a deficit.

Total reported financial risk for the BHCP (ICP) was estimated to be £5.5m which has been reported in the latest system financial recovery plan submitted to the Regulators on 15 November 2019. There was a clear expectation from the Regulators that this risk would be mitigated and the system control total of £60m deficit would be delivered. The reported financial position is underpinned by the following assumptions:-

- Full delivery of the identified QIPP savings of £12.294m.
- Identification of further efficiencies of £3.927m to mitigate the current shortfall in the QIPP plan (currently reported as risk).
- All other in year pressures will be mitigated by a 0.5% contingency and other budget under spends.

If the above assumptions do not materialise then the CCG will fall short of delivering the CCG's financial duties as at 31 March 2020.

JEH said that by January 2020 the CCG would need to take a decision about how to report the likely year end forecasts. GTJ reported that the most likely position has been clear in discussions with NHS England and that the risk adjusted position of £2.5m is current year end forecast. The actual forecast position will need to be reported by January 2020.

JEH stated that the CCG are delivering and exceeding the requirement to operate at less than 20% of their running costs. Recognition and thanks were expressed to staff in achieving this within their existing roles.

All NHS organisations are currently in the process of supporting the planning response to the NHS Long Term Plan (LTP). This process is being co-ordinated by Lancashire and South Cumbria ICS. CCGs and Trusts have received financial improvement trajectories (or control totals) for the four years 2020/21 to 2023/24 and the CCG's plans to implement the LTP are expected to reflect these trajectories. A draft financial plan for the four years 2020/21 to 2023/24 has been submitted to NHS England and NHS Improvement.

The CCG's Financial Improvement Trajectories (FIT) are broadly

similar to the CCG's agreed five year sustainability and financial recovery plan but include a far more challenging trajectory particularly in 2020/21 and 2021/22. The CCG are planning to break even in 2020/21 and get to a 1% surplus by 2023/24. The LTP is undertaken in partnership with UHMBT who at present have a significant variance to their own FIT.

JEH said that the CCG still have a statutory responsibility to sign off the financial accounts and plans for 2019/20 and 2020/21. Guidance and advice received from NHS England gives a clear directive that the ICS financial returns will be signed off by the ICS.

RESOLVED:

The Governing Body noted the CCG's financial performance for the period ended 30 September 2019, the current financial forecast for the year ended 31 March 2020 and the draft financial planning for financial years 2021/21 to 2023/24.

130/29 **CCG PERFORMANCE REPORT**

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

Acute Contract Activity - A&E attendance was under plan and Non-elective admissions were on plan. Activity targets are being met but costs were more than anticipated. Out-patients in terms of first and follow up are above plan partly because the benefits from the transformational work have not yet started. In-patient Elective Care is significantly under target as a consequence of capacity issues particularly at UHMBT around theatre downtimes.

Constitutional Standards - MBCCG are middle of the pack for the North West region as a whole which was largely due to deterioration in other areas. The Recovery Plan and the Winter Plan will continue to be the focus for improvements.

Cancer Standards - Cancer Standards are being achieved with the exception of the 62 Day Target. A Cancer Board has been established to focus on the delivery of the core access targets and the wider cancer strategy for Morecambe Bay.

Elective Care - 52 Week Waits remain a concern for the CCG with key areas mainly being around Urology, Orthopaedics and Ophthalmology with a mixture of both transformational work and also looking at the operational practice within the Trust.

Mental Health - broadly green although there is pressure on the Urgent Care System for mental health alongside physical health. Some improvements have been seen on 12 Hour Breaches.

Children and Young People's Mental Health - the CCG is currently achieving all three of its key Children's and Young Adults Mental Health Standards (CAMHS). There is a national target of 32% and the CCG's current performance is 42% against that standard.

A typo was noted on page 3 under the Key Constitutional Target Performance. The Decision to Admit should state greater than 12 hours and not less than 12 hours.

Detailed discussions were held on A&E Performance; 52 Week Standard and the 62 Day Cancer Target.

RESOLVED:

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

131/19 **ASSURANCE FRAMEWORK SEPTEMBER 2019 UPDATE**

MW stated that the Assurance Framework (AF) records risks that may prevent the CCG from achieving its strategic objectives. Each entry has a nominated Senior Manager and an Executive Lead to ensure continual management and mitigation of the risk identified. The AF is regularly received by the Governing Body, Quality Improvement Committee and other committees.

MW summarised the eight AF risks and explained the changes and movement on risk AF197 since the last reporting period. AF197 risk level has increased from 16 to 20 and links to the CCG's NHS Constitutional Standard. The description and mitigating actions were noted.

RESOLVED:

The Governing Body appraised and agreed the detail covered in the report and that the Assurance Framework is reviewed in compliance with the current CCG's Risk Management Strategy and Policy including discussion at Quality Improvement Committee, Audit Committee and Executive Management Team.

132/19 **MORECAMBEBAY CCG SEAL**

GJT briefed members on the use of the CCG's seal. The CCG was required by its Constitution to report to the Governing Body on the use of the seal. The seal was used for the Deed of variation of contract between Lancashire County Council and MBCCG.

133/19 **WORKFORCE RACE EQUALITY STANDARD ACTION PLAN 2019/20**

JEH presented the report which summarised and analysed the findings from the CCG's latest Workforce Race Equality Standard (WRES) data submission accompanied by an action plan with identified areas for improvement.

This year's WRES data highlighted that an insufficient number of staff are self-reporting their diversity monitoring information via Electronic Staff Record (ESR). This information included Governing Body Members where there is currently a 0% self-reporting rate. NHS England's expectation is that 100% of Governing Body members should be self-reporting this data. Governing Body members and CCG employees were asked to self-report their diversity monitoring information via ESR.

John Barbour confirmed that the WRES report was submitted to NHS England in August 2019 and reported that Black and Minority Ethnic (BME) workforce was 2.4%. It was noted that 9% of employees have completed the return on ESR which was an improvement on last year but still leaves the CCG considerably below the local benchmarking of other CCGs. WRES is a mandated reporting requirement for NHS Commissioners and Providers.

RESOLVE:

The Governing Body acknowledged and approved the following:-

- **Acknowledged the Workforce Race Equality Standard report and findings.**
- **Approved the accompanying Workforce Race Equality Standard Action Plan for 2019/20 for publication on the CCG website.**
- **Agreed to update their individual diversity monitoring information on the Electronic Staff Records.**
- **Tasked the Equalities and Engagement Group to monitor progress on the Workforce Race Equality Standard Action Plan.**

134/19

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) ASSURANCE

HF presented the report which outlines the work done throughout 2019 to move the CCG from a position of non-compliance in the 2018 Annual Assurance process through to a position of full compliance. Following the CCG's non-compliance last year Midlands and Lancashire Commissioning Support Unit (CSU) were asked to assist the CCG in improving their performance. An action plan was developed and the CCG and CSU worked hard throughout the year to improve performance. On-call training and major incident training has taken place to ensure the CCG are compliant as this was an area of non-compliance last year.

Compliance has been improved by updating the Major Incident Policy, Statements and Business Continuity. The CCG assessed themselves on all 43 standards as compliant. NHS England has said that the CCG is not compliant on one standard relating to attendance at the

Local Health Resilience Partnership (LHRP) meetings. Discussions are on-going with NHS England around the exact wording as set out in the Civil Contingencies Act. Depending on the standard being compliant or not the CCG will either be fully compliant or substantially compliant.

JEH said that if NHS England believed their assessment of the CCG was substantially compliant due to a technical interpretation of job titles that he was comfortable that the CCG were fully compliant. HF, TA and NP were thanked for their work on moving the CCG into a better position.

RESOLVED:

The Governing Body noted and acknowledge the following:-

- **Noted the content of the paper and approved the Emergency Preparedness Resilience and Response submission, pending the feedback on the Civil Contingencies Act.**
- **Acknowledged the work done by the CSU and CCG to significantly improve compliance over the last year.**

135/19 AUDIT COMMITTEE MINUTES 21 MAY 2019

Minutes of the Audit Committee were received for information.

136/19 EXECUTIVE COMMITTEE MINUTES 10 SEPTEMBER 2019, 24 SEPTEMBER 2019 AND 8 OCTOBER 2019

Minutes of the Executive Committee were received for information.

137/19 LANCASTER DISTRICT HEALTH AND WELLBEING PARTNERSHIP MINUTES 21 AUGUST 2019

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

138/19 QUALITY IMPROVEMENT COMMITTEE MINUTES 6 AUGUST 2019

Minutes of the Quality Improvement Committee were received for information.

139/19 ANY OTHER BUSINESS

There was no other business.

140/19 DATE AND TIME OF NEXT MEETING

Tuesday 21 January 2020 at 2.00 pm, Main Lecture Theatre, Moor Lane Mills, Lancaster.