Agenda Item 4.0.

Subject to approval at next meeting

NHS
Morecambe Bay
Clinical Commissioning Group

MINUTES OF A MEETING OF THE PRIMARY CARE COMMISSIONING COMMITTEE
Thursday 12 November 2020 at 12.00 Noon
Microsoft Teams

PRESENT:

Hazel Parsons	Lay Member, Morecambe Bay CCG (Chair)
Mike Bone	Lay Member, Morecambe Bay CCG
Hilary Fordham	Chief Operating Officer, Morecambe Bay CCG
Anthony Gardner	Director of Planning and Performance representing the Chief Finance Officer, Morecambe Bay CCG
Jerry Hawker	Chief Officer, Morecambe Bay CCG
Jane Jones	Interim Lead Nurse for Quality and Safeguarding
Dr Andrew Severn	Secondary Care Doctor for the Governing Body, Morecambe Bay CCG

In attendance:

Barbara Carter	Corporate Affairs Support Manager, Morecambe Bay CCG (Minutes)
Dr Geoff Jolliffe	Clinical Chair, Morecambe Bay CCG
Peter Higgins	Chief Executive, Lancashire and Cumbria Consortium of Local Medical Committees
Kate Hudson	Head of Primary Care, Morecambe Bay CCG
Dr Rahul Keith	GP Executive Lead - Quality and Performance, Morecambe Bay CCG
Faith Mann	Healthwatch Cumbria
Kay Wilson	Primary Care Commissioning Manager, Morecambe Bay CCG

Action

89/20 **WELCOME AND INTRODUCTIONS**

Hazel Parsons (HP) welcomed members of the Primary Care Commissioning Committee (PCCC) and members of the public to the meeting.

90/20 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Sarah Bloy, Senior Primary Care Manager, NHS England and NHS Improvement - Lancashire and South Cumbria, Anne Burns, County Councillor Cumbria and Health and Wellbeing Board Lead Member for Children and Derek Houston, Health and Wellbeing Representative.

91/20 **DECLARATIONS OF INTEREST**

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. Dr Rahul Keith (RK) raised a declaration of interest in relation to agenda item 4.0. (item 92/20) Atypical Population Support. Recorded declarations of interest can be viewed on Morecambe Bay CCG's (MBCCG) website.

92/20 **ATYPICAL POPULATION SUPPORT**

RK raised a declaration of interest against this item as his practice was one of the atypical practices. It was agreed RK would not participate in this item but could remain in the meeting.

Kate Hudson (KH) presented the report which describes the intended process for identifying support required for atypical populations and a proposal that existing support would be maintained until any new services could be developed, assessed, approved and implemented.

The PCCC were reminded that at the last meeting a report was presented in relation to determining whether any populations within Morecambe Bay were deemed as atypical based upon a criteria which was loosely based upon NHS England's guidance and also some local criteria. It was indicated there were potentially five populations deemed atypical based upon the criteria which was served by five GP practices. The five practices listed in the report are Lancaster Medical Practice (LMP), Central Lakes Medical Practice (CLMP), Sedbergh Health Centre, Windermere and Bowness Medical Practice and Wraysdale House Surgery.

It was noted that whilst five GP practices were identified as serving atypical populations there were other areas that were also rural and could be deemed as geographically isolated. These other areas had not met the criteria for atypical status as the health and care infrastructure within these areas meant they did not meet the agreed criteria for atypical population status.

The work undertaken in terms of a table top exercise to understand the approach other CCGs had taken to atypical populations was outlined. Following the table top exercise it was noted there was a relatively small number of CCGs who had undertaken any specific work around atypical populations. There were a number of CCGs who had commissioned Locally Enhanced Services (LES) with a potential atypical link in relation to translation services. A list of other schemes and services which had been identified were outlined within the report.

KH said the report describes the local approach and considerations in terms of how to locally support atypical populations and to ensure they had equity of access to local services. The intent was for the

Primary Care Team to work with the listed practices to look at some local services to support their populations. Work may also be undertaken with a wider group of providers rather than just general practice to support them. The PCCC were asked to support the intent. It was hoped that the scoping work and proposals in relation to potential new services would be developed and presented to the PCCC by the end of March 2021.

It was acknowledged that any potential services may take time to implement following approval. This may mean that potential future services may not be in place prior to the expiration of the current funding agreements for LMP and CLMP. It was recognised that the historically agreed funding currently in place for LMP and CLMP was inequitable as was only in place for two of the five practices. As additional populations had been deemed atypical it was felt the removal of funding prior to having alternatives in place could pose financial risk to those practices. The Primary Care Team intend to develop services where required, to ensure that any future commissioning linked to atypical populations was equitable.

Discussions were held on interpreter services being a valid reason for the atypical population. KH confirmed the CCG does commissioning services in terms of telephone language services and also face to face interpreter services when required and are available to all general practices. Any proposed additional services required over and above those already commissioned would be developed with local providers.

Mike Bone (MB) requested confirmation that the proposal around atypical funding continues at its current level until the implementation of any agreed changes. KH confirmed that there was an agreement that funding would remain in place until any new services were approved and implemented. More details on the timescales would be available at the end of March 2021.

RESOLVED:
The Primary Care Commissioning Committee supported and approved the following recommendations listed within the report:-

- **Supported and approved the CCG Primary Care Team to work with practices and other providers to identify potential services which may be required to support atypical populations.**

- **Supported and approved current funding to remain in place until any potential new services were approved and implemented.**

93/20 **DUDDON VALLEY MEDICAL PRACTICE ADDITIONAL SITE UPDATE**

KH provided a verbal update and confirmed there had been a delay in relation to Land Registry complications at the proposed Askam site which had now been resolved. It was anticipated the site would be live in the near future.

Duddon Valley Medical Practice had provided assurance that they are providing services to Askam Surgery patients who had registered with them. Additional assurances had also been provided that flu vaccinations were being provided from all their sites. Engagement was continuing with the registered patients from the Askam population and a significant number of compliments had been received from those patients in relation to the care being provided by Duddon Valley Medical Practice.

94/20 **SECTION 106 MONIES AND COMMUNITY INFRASTRUCTURE LEVY POLICY FOR HEALTH FACILITIES**

KH presented the policy document which had been produced by Phil Hargreaves (PH), Estates Lead from a differing CCG within the Integrated Care System (ICS). The policy had been localised by KH for Morecambe Bay. The purpose of the policy was to ensure that local planning applications put forward by housing developers and with CCGs being a Statutory Consultee on such matters is afforded the opportunity to receive grant funding/contributions towards health care facilities for ten or more housing units that impact on local providers.

An overview of Section 106 (S106) was provided. It allows organisations and health bodies to detail some of their incurred or potential costs relating to any new populations due to housing developments. The policy has been approved by other CCGs within the ICS and had been presented to all of their PCCCs. The adoption of this policy would allow MBCCG to undertake the same process in relation to any new housing developments of that size. In terms of any potential income to support increases in population the PCCC were recommended to approve and adopt the policy.

Faith Mann (FM) said she had previously worked with S106 policies and felt the document expressed things clearly and was supportive of the recommendation.

Jerry Hawker (JEH) echoed the comments received and was also supportive of the S106 policy implementation. He raised some concerns around the CCG's capacity and capability to use the policy effectively. In terms of supporting the document and the policy he felt conversations with other CCGs around bringing together expertise in this area would be beneficial so that whenever there was an opportunity to apply the policy these sources of expertise could be drawn upon.

Anthony Gardner (AG) supported the S106 policy implementation. In addition to the S106 being presented to the PCCC for primary care general practice funding he felt it should also be presented to the Governing Body to ensure any housing developments also supported the wider community and other health infrastructure funding.

KH confirmed that S106 was not limited to just primary care and that it was also for wider health costs. There was the potential to expand and utilise it elsewhere.

JEH explained how the national funding system and weighted population worked when there was an estate development. He said part of the funding going into general practice follows a different route and this was one way of getting focused development into general practice in a relatively small geographic area. An action for the Governing Body would be following a significant change in population as a result of a large estate development would be to re-look at the way the CCG funded wider services.

AG said the CCG needs to ensure that any infrastructure not only supports general practice but also the Better Care Together (BCT) vision of integrated services. Further advice would need to be taken to ensure the CCG were not missing out on any other opportunities. As this was not within the remit of the PCCC it was agreed that Hilary Fordham (HF), JEH and AG would discuss what was required to be undertaken.

Peter Higgins (PH) supported the S106 policy implementation and said it was vitally important there were technical and legal experts in place to ensure the S106 was as proactive as it could possibly be.

Dr Andrew Severn (AS) supported the S106. He said it was relevant for the Governing Body and that the CCG needed to demonstrate their agility and the relevance of a unitary authority to be able to handle it appropriately in accordance with local planning.

RESOLVED:
The Primary Care Commissioning Committee approved the proposed policy document (Appendix 1) and approved the issue of the proposed letter (Appendix 2) to all Councils relevant to Morecambe Bay CCG.

The approval of these documents would enable the CCG to make claims for appropriate grant funding to support increases in Primary Healthcare Services (associated with the increase in population) due to new housing developments of ten or more properties/units within the Morecambe Bay area.

95/20 **ANY OTHER BUSINESS**

There was no other business.

96/20 **DATE AND TIME OF NEXT MEETING**

Thursday 14 January 2021 at 9.30 am via Microsoft Teams.