

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
GOVERNING BODY
Tuesday 26 September 2017 at 2.30 pm
Main Lecture Theatre, Moor Lane Mills, Lancaster**

PRESENT:

Dr A Gaw	Clinical Chair (Chair)
Mr A Bennett	Chief Officer
Mr M Bone	Lay Member
Dr L Dixon	GP Executive Lead - Womens and Childrens
Dr M Flanagan	Secondary Care Doctor for the Governing Body
Mr A Gardner	Director of Planning and Performance
Dr G Jolliffe	Vice Clinical Chair
Dr J Hacking	GP Executive Lead - Urgent Care and Mental Health
Dr A Knox	GP Executive Lead - Health and Wellbeing
Dr A Maddox	GP Executive Lead - Contracting, Finance and Quality
Mr K Parkinson	Chief Finance Officer/Director of Governance
Mr A Roche	Healthwatch Lancashire
Mrs S Stevenson	Healthwatch Cumbria
Mr C Unitt	Lay Member
Mrs M Williams	Executive Chief Nurse

In attendance:

Mrs B Carter	Corporate Affairs Support Manager (Minutes)
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Action

66/17 **WELCOME AND INTRODUCTIONS**

Dr Alex Gaw (AG) 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.

67/17 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Cliff Elley, GP Executive Lead - Commissioning, Hilary Fordham, Chief Operating Officer and Sue McGraw, Lay Member.

68/17 **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.

69/17 **MINUTES OF THE LAST MEETING HELD ON 18 JULY 2017**

The minutes of the last meeting of the Governing Body held on 18 July 2017 were agreed as a correct record.

70/17 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

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

Item 55/17 - Quality Improvement and Assurance Report. Andrew Bennett (AB) and Margaret Williams (MW) have discussed a couple of outstanding elements which derive from Public Health England sources. It was agreed to wait and see the six month position for MBCCG. If this was not to an adequate level then this would be raised more formally.

AB/MW

Item 56/17 - Learning from Serious Case Review. MW confirmed the messages have been reported to the Serious Case Sub-Group of the Lancashire Safeguarding Children Board. Complete.

58/17 - Whistleblowing Policy. Complete.

Matter Arising - there were no matters arising.

71/17 **CLINICAL STRATEGY FOR HEALTH SERVICES IN MORECAMBE BAY - BETTER CARE TOGETHER UPDATE**

AB presented the Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update paper which describes the current status of the Better Care Together (BCT) programme and provides a progress update on the key elements of work. The following areas were highlighted:-

Metrics and Measures - the Executive Overview of the Integrated Performance Report (IPR) highlights a plan that is beginning to show some of the performance trends which have been identified from the New Care Models Programme. Reports from the different workstreams were highlighted.

Out of Hospital - a new Intermediate Care Facility at Altham Meadows has recently opened. This was an important development within the Urgent Care Model as it is an example of a system working with Lancashire County Council using resources through the Better Care Fund.

Integrating Mental Health Workshop - Dr Jim Hacking (JH) gave a brief update on the Integrating Mental Health Workshop which was held on 7 September 2017. Approximately fifty people attended the workshop including representatives from the health and care sector from across the Bay. Chris Naylor from the Kings Fund provided a national perspective and explained what the priorities needed to be.

The general consensus received was that people wanted to move forward with the work around the integration agenda and in particular how to ensure Mental Health Services are closely connected to ICCs. At the next workshop it is planned to have three workstreams covering ICCs, Urgent Care and ward based work. Feedback from practices was positive and as they are keen to be involved in the ICC work.

AB said there are a number of examples within the report that show areas of work leading to reduced admissions, attendances and appointments.

Musculo Skeletal Services (MSK) - different services were previously offered in Lancashire North and South Cumbria. These services have now been standardised and the early impact can be seen in terms of positive changes to referral demand.

Women's and Children's Services - there are lots of positive areas from the Women's and Children's Services workstream which have been shared with the National Team.

Prescribing - NHS England are consulting nationally on a group of medicines that potentially will not be available on the NHS. NHS England have asked local CCGs to lead an engagement process. The CCG will review this within the formulary.

Communications and Engagement - the CCG has good relationships with the National Team and share regular stories with them around Vanguard.

Workforce and Organisational Development - a considerable amount of change is involved for the team and individuals. A programme of work is currently on-going.

RESOLVED:

The Governing Body noted the current updated progress and position of the Better Care Together programme.

Development of a Morecambe Bay Accountable Care System (ACS)

AB explained that this separate paper had been drafted for MBCCG Governing Body, the Hospitals Trust Board and other Partner Boards to provide a public record of the work that is currently happening for the proposal of the ACS. A Business Case proposal document is being written that will set out where the ACS is expected to be by April 2018. The proposals outline what the Morecambe Bay ACS will look like by setting out in detail the scope, deliverables and benefits that will meet the needs of the population.

The proposal is trying to be clear about what Boards and Governing Bodies need by way of assurance. The paper will outline proposals

for shared decision making, what to work on together and how to organise leadership arrangements. It is proposed to move into a shadow period for leading the system in the latter six months of the financial year. One of the big challenges that is currently being worked through is the financial position in Morecambe Bay. It was noted that further conversations with the regulators are planned about how the plans for financial recovery and wider service change fit together. The national regulators are offering a new set of freedoms to those health and care systems considered to be progressive and moving their plans forward with the transformation funds locally.

RESOLVED:

The Governing Body noted the development of proposals for the next stage of development of an Accountable Care System in Morecambe Bay.

72/17 **RATIFICATION OF REVISED COMMISSIONING POLICIES AND UPDATE ON CONTINUED PROCESS**

Anthony Gardner (AGd) presented the revised policies and said that a process has been in place for a couple of years to look at Commissioning policies across the whole of Lancashire and South Cumbria to ensure there is a consistency.

Changes to the policies are minor and mainly relate to locality. There are no changes to the Male Circumcision policy and the Surgical Release of Trigger Finger policy. Minor changes to the Endoscopic Knee Procedures on the Knee Joint Cavity policy. One change to the Tonsillectomy/Adeno-Tonsillectomy policy and the Surgical Release of Carpal Tunnel policy. None of the changes fundamentally alter the policies or the eligibility criteria. As part of this tranche of policy reviews the policy for Planned Caesarean Section was also reviewed. The recommendation from the Working Group, which has also been agreed by the Lancashire Children's Young People and Maternity Commissioners Network, is that providers should adhere to clinical guidance and that a Commissioning policy is not required.

Dr Geoff Jolliffe (GJ) asked how accessible these policies will be to GPs and the general public and what are the plans for integrating the policies into decision making software. AGd confirmed that all the policies will be available on MBCCG's website. The GP IT Lead will ensure that IT systems will link to the EMIS system. These will be built into the referral process.

Dr Mike Flanagan (MF) asked if the Working Group were working on all the policies. AGd confirmed that the Working Group are working their way through and reviewing a significant number of policies on a tranche by tranche basis.

RESOLVED:

The Governing Body noted, ratified and agreed the following:-

- **Noted the work that has been undertaken on behalf of all the CCGs regarding this work.**
- **Ratified the following policies:-**
 - ❖ **Surgical Release of Trigger Finger.**
 - ❖ **Surgical Release of Carpal Tunnel.**
 - ❖ **Male Circumcision.**
 - ❖ **Tonsillectomy/Adeno-Tonsillectomy.**
 - ❖ **Endoscopic Knees Procedures on the Knee Joint Cavity.**
- **Agreed to rescind the existing policy for Planned Caesarean Section in favour of use of clinical guidance.**

73/17 **QUALITY IMPROVEMENT AND ASSURANCE REPORT**

MW presented the regular report which ensures the Governing Body is aware of MBCCG's quality activity, monitoring and actions. This report covers the period for July 2017. The report 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 Chief Nurse. The following key areas were highlighted:-

Complaints, Concerns, Comments and Compliments - MW stated she has been working very closely with Jacqui Thompson (JT) looking at analysing themes from complaints and concerns that are specifically raised with the CCG. They are analysing what the triggers might be and if they relate to safety experiences of care, or around changes to Commissioning policies or changes in service delivery. This links to work that has been undertaken by Healthwatch Lancashire who have been engaging with people in care homes. The results of the audit work noted that 55% of individuals stated it was not easy to raise a concern to health and social care services and were not happy with the outcome. This also links to work that the CCG is doing across the Bay with a number of key partners including Local Authorities to understand more about Continuing Healthcare (CHC) and what causes families to have a poor experience. This information will be fed into the transformation work around CHC and also into the Developing and Performing Quality Improvement Group across the Bay.

Regulated Care Sector - the CCG continues to work very closely with both Cumbria and Lancashire County Councils around improvements to the Regulated Care Sector. A meeting with Local Authorities is scheduled in October to look at what can be done around additional improvements in care homes.

Cumbria Partnership Foundation Trust (CPFT) - provides services for Mental Health and Community Services in Cumbria. CPFT is continuing with their improvement journey which had a number of areas requiring improvement. The CCG is pulling together a number of key lines of enquiry that will provide assurance these improvements are taking place. The CCG is scheduled to meet with the Trust in October to gain assurance on these improvements.

AB stated he has spoken to JT around measuring the timeliness of responses to complaints and would like this to be included within the report. It was not unexpected that the CCG would receive more complaints than previous due to the increased boundary size. AB was keen that the CCG replied to complaints promptly.

Sue Stevenson (SS) said that Healthwatch Cumbria is part of the NHS Advocacy Service and is supporting people who wish to make a complaint to the NHS. A piece of work has been carried out looking at learning from complaints and to try to ensure all organisations across the NHS take a similar approach. This piece of work is almost ready for publication.

Dr Andy Knox (AK) stated that the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) invite people at the end of a complaints process to tell their story to the Board. AK felt this was really powerful and asked if the CCG would consider something similar. AB said this has been considered in the past. Some of the complaints the CCG receive relate to providers from whom the CCG commission and also complaints about processes.

MW confirmed that the Quality Improvement Committee (QIC) invite services the CCG know have worked through service issues that have caused poor experiences to individuals. The QIC have not asked any individuals to attend to discuss any issues.

RESOLVED:

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

74/17 **ASSURANCE FRAMEWORK AND RISK REGISTER UPDATE**

MW stated this was the first time the Governing Body had received a MBCCG Assurance Framework (AF) and Risk Register (RR) report. The report has been established since the transition following events with Senior Managers and Clinical Leads within the CCG. Refresher training has taken place to ensure everyone is clear with their roles and responsibilities of accountability and mitigation of managing risks.

The report is reviewed on a monthly basis and is a live report. The paper report outlines and logs details of changes that have taken place. The dashboard summarises current risks. The AF identifies any risk that may prevent the CCG from delivering its strategic

objectives. These are risks around workforce, financial stability across the system, ability to deliver transformational programmes that help meet population outcomes and maintaining improvement around quality assurance. The RR risks are around system pressures, performance management and commissioning decision making.

This report will be presented to the next QIC meeting. All high level risks are viewed by the Executive Committee who together with Senior Managers have overall responsibility for managing the list. This list is not the totality of risks but for risks rated 12 and above.

Mike Bone (MB) raised a query on risk RR89 and the withdrawal of funding from Lancashire County Council who will no longer be contributing to administration required to support prompt sending of referrals for health assessments. MB was worried that it could mean there might be one partner taking unilateral action and asked how this would affect the future care of children. MW said that it is one of the statutory functions of the CCG to ensure timeliness of reviews for Children Looked After (CLA) but the referral into the CCG for CLA is the responsibility of the Local Authority. MW assured the Governing Body that continued meetings and discussions around the administration to facilitate timely referrals into CCGs from the Local Authority are continuing.

RESOLVED:

The Governing Body agreed and noted the following:-

- **Agreed that the Assurance Framework and Risk Registers reflect current CCG risks.**
- **Ensured that the RED/high level risks are being managed, challenging risk owners where mitigating actions are not reducing the risks.**
- **Noted assurance provided within the reports and registers.**
- **Challenge risk owners where mitigating actions are not reducing the risks.**
- **Provided a risk progress update report and summary dashboard to affect the achievement of the CCG's Corporate Objectives.**

75/17 PERFORMANCE REPORT

Anthony Gardner (AGd) provided an overview of the CCG's performance at the end of August 2017 taking into account the CCG's position on finance, activity and constitutional commitments.

Commissioned Activity Levels - at the end of month 4 MBCCG was -2.2% below its operational PBR activity plans with reductions in all

areas of activity eg elective and non-elective care etc.

Constitution Standards - similar report to previous Governing Body meetings with continued pressure on Urgent Care and the A&E standard. The report for July was 85%. Since July then there has been a marked improvement, especially in September where performance was above 90%. This has fallen back slightly but remains in the upper 80%.

Elective Care - the 18 Week Target continues to underperform with 89.7% against a target of 92% waiting for treatment within 18 weeks but had remained broadly consistent with previous months.

62 Day Cancer Target - the report should say June 2017 and not April 2017. Up until June the standard was achieved. June was disappointing due to staffing pressures within the Trust and some handover issues with tertiary providers. Early indications confirm that the target was being met in July.

Mental Health - considerable progress was seen on the delivery of the Mental Health targets. All of the IAPT targets have been achieved.

AGd said that overall the performance report was broadly consistent with previous months but there were some improvements in some areas.

AB emphasised the importance that is being placed on urgent and emergency care delivery going into the Winter period. Morecambe Bay was one of a large number of health communities who were invited to London recently to meet with the Secretary of State, Simon Stevens and Jim Mackey where they were informed that they were expected to deliver the 95% standard by March 2018. A number of health communities are already delivering this standard.

GJ said that as the CCG moves towards an ACS was there a need to start to think about GP performance. Dr Andy Maddox (AM) confirmed that there is already an activity tool that measures the activity in GP performance.

Kevin Parkinson (KP) provided an overview of the CCG's financial position for the period ended 31 July 2017. The CCG is still reporting a significant deficit in the year to date which relates to the unidentified savings balance. The CCG is still forecasting that the year-end target will be achieved. Conversations are on-going with NHS England who are aware of the risks associated with this assumption.

Within prescribing a number of drugs have become scarce or unavailable and the price of alternatives is significantly higher. This is something that has not been forecast into the CCG's plans.

Risk Profile - the target position at the end of the year is a deficit of £900,000 and to achieve this the CCG needs a £23m savings in year. As part of the financial plan £7m savings were identified leaving a gap of £16m. This gap of £16m triggered the Capital Expenditure Process (CEP) which is a process that encourages the CCG to find ways to meet the balance of unidentified savings. The CCG has reviewed its plans and through creating a series of stretch targets based on previous savings plans and also bringing into play contingency plans the CCG is able to take the plan from £7m to £15m. This means that on paper the savings plan in year is now £15m with a gap of £8m.

The risk profile is included within the financial plans each month and reported to NHS England. Taking into account both the gap of £8m and the risk of delivering in a number of schemes the CCG is reporting a risk of approximately £10m - £12m.

RESOLVED:

The Governing Body noted the CCG's performance against the key financial and assurance measures.

76/17 **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP GOVERNANCE**

AB presented the report which summarises the proposed new Sustainability and Transformation Partnership (STP) Governance arrangements and structure for Lancashire and South Cumbria.

AB explained how agenda items 11.0. and 12.0. are connected. This report is being presented to each Governing Body and each Trust Board in Lancashire and South Cumbria. The STP lead, Dr Amanda Doyle, is required to refresh the Governance arrangements of the STP. The report contains proposals to establish a new STP Board together with statements which clarify existing aspects of the STP working arrangements.

The report states that the STP is not a Statutory Board and that it is a Partnership Board that has been created to support the direction and development of the STP. The report sets out the proposed membership which draws different constituencies together including Local Government colleagues thereby connecting the STP with aspects that relate to Health Overview and Scrutiny Boards, Health and Wellbeing Boards and other groups. Draft Terms of Reference (ToR) for the STP Board were attached to the report. Expressions of interest are being sent out for Non-Executive Directors and CCG Lay Members. The Governing Body is asked to endorse the report as it is a requirement of the STP.

AM asked how the GP provider on the Board is being identified? AB said the Local Medical Committee (LMC) is co-ordinating this.

RESOLVED:

The Governing Body supported the revised Governance structure for the Lancashire and South Cumbria STP.

77/17 DEVELOPMENT OF SHARED DECISION MAKING OF THE JOINT COMMITTEE OF CCGS

AB presented the report which puts forward proposals to the Governing Bodies of the eight Lancashire and South Cumbria CCGs for the development of shared decision making.

CCGs have statutory roles and can choose to exercise some of those roles jointly, especially regarding commissioning decisions which are of a collective interest. To ensure this is carried out legally the eight CCGs in Lancashire and South Cumbria created a Joint Committee of CCGs (JCCCG) in December 2016. This report has been updated with comments from a variety of CCG colleagues. The JCCCGs is still working within the original ToR which are part of MBCCG's Constitution.

Appendix 1 sets out four areas which have been identified that there might be a requirement for collective decision making before March 2018. A brief explanation was given on each of the areas. Appendix 2 in the report notes other areas where current actions may lead to requests for further delegated decisions. AB also confirmed that it had been agreed by all CCGs that more work on a framework for Commissioning Development in the STP would be undertaken during the Autumn.

KP raised concerns around the Mental Health proposal to delegate decision making to the JCCCG in Appendix 1 of the paper. The wording is not specific enough around the scope of what could/should be delegated. Additionally, the ToR needs amending as they state Lancashire North CCG (LNCCG) and not MBCCG.

AB confirmed that the ToR will be amended to reflect MBCCG and that the CCG will write to the STP stating that this is clearly a challenge for MBCCG at the moment with regards to the CEP and the Mental Health proposal. AB also gave his assurance that he would not sponsor this piece of work if he felt it did not do what he had previously described.

RESOLVED:

The Governing Body noted and considered the following:-

- **Noted that the Joint Committee of CCGs was established by the Lancashire and South Cumbria CCGs in December 2016 to facilitate effective defensible shared decision making in support of the STP.**
- **Noted the expectations of national regulators for the evolution of shared decision making in this fast-track**

STP.

- **Considered and approved the requested delegations for joint decision-making through the Joint Committee of CCGs for 2017/18, as described in Appendix 1.**
- **Noted that further delegations are likely to be requested in future around areas described in Appendix 2.**
- **Requested that the Joint Committee of CCGs reviews and strengthens the STP guiding principles for decision-making.**
- **Noted that CCG leaders have agreed to produce a Commissioning Development Strategy during the Autumn of 2017 and this will be presented to Governing Bodies in due course.**

78/17 STANDARDS OF BUSINESS CONDUCT POLICY

KP presented the Standards of Business Conduct Policy which is part of the Governance framework. The policy describes the current public service values, which underpin the work of the NHS and reflects current guidance and best practice.

RESOLVED:

The Governing Body agreed to the recommendation from the Executive Committee to adopt the policy.

79/17 COMPLAINTS POLICY

KP presented the Complaints Policy. MW requested that Appendices 3 and 4 which relate to the Complaints Procedure/ Service Evaluation and the Patient Questionnaire be amended and updated to the CCGs needs as required.

RESOLVED:

The Governing Body ratified the Complaints Policy 2017/18 subject to the above amendment.

80/17 HEALTH AND SAFETY POLICY

KP presented the Health and Safety Policy which has been updated to become a MBCCG policy.

RESOLVED:

The Governing Body agreed to ratify the Health and Safety Policy.

81/17 **AUDIT COMMITTEE MINUTES 20 MARCH 2017 AND 23 MAY 2017**

Minutes of the Audit Committee were received for information.

82/17 **EXECUTIVE TEAM MINUTES 27 JUNE 2017, 11 JULY 2017, 25 JULY 2017 AND 8 AUGUST 2017**

Minutes of the Executive Team were received for information.

83/17 **LANCASHIRE NORTH HEALTH AND WELLBEING PARTNERSHIP MINUTES 20 FEBRUARY 2017 AND 19 APRIL 2017**

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

84/17 **QUALITY IMPROVEMENT COMMITTEE MINUTES 6 JUNE 2017**

Minutes of the Quality Improvement Committee were received for information.

85/17 **JOINT COMMITTEE OF CCGS MINUTES 2 MARCH 2017**

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

86/17 **ANY OTHER BUSINESS**

There was no other business.

87/17 **DATE AND TIME OF NEXT MEETING**

Tuesday 21 November 2017 at 2.00 pm, Main Lecture Theatre, Moor Lane Mills, Lancaster.