

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE**
Tuesday, 12 September 2017 at 2.30pm
Hay Loft Suite, Crooklands Hotel, Crooklands

PRESENT:

Andrew Bennett	Chief Officer
Dr Cliff Elley	GP Executive Lead – Commissioning (Chair)
Hilary Fordham	Chief Operating Officer
Anthony Gardner	Director of Planning & Performance
Dr Jim Hacking	GP Executive Lead – Urgent Care and Mental Health
Dr Andy Knox	GP Executive Lead – Health & Wellbeing
Dr Andy Maddox	GP Executive Lead – Contracting, Finance and Quality
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

Action

160/17 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Lauren Dixon, GP Executive Lead – Women and Children, Dr Alex Gaw, Clinical Chair and Dr Geoff Jolliffe, Vice Clinical Chair

161/17 **DECLARATIONS OF INTEREST**

Declarations of Interest were made by Clinical Executives in regard to items 167/17- Extended Access, 168/17 – Primary Care Investments, 169/17 – South Cumbria 2016/17 Gainshare and by Jim Hacking for 170/17 – Morecambe Bay CCG Pathology Collaborative update.

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.

162/17 **MINUTES OF THE MEETING OF HELD ON 8 AUGUST 2017**

The minutes of the meeting on 8 August 2017 were accepted as a correct record, with one slight amendment, first paragraph on page 5, in item 154/17 should read 'facial nerve damage paper', not 'nerve conduction study paper'.

163/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

Item 106/17 – **Primary Care Estates Strategy** – on-going. It was agreed to remove this action. Kevin Parkinson and Hilary Fordham would return the item to the Executive when complete.

Item 120/17b) – **Extended Hours – 8-8 update** – on today’s agenda – actioned and complete.

141/17 – **Standards of Business Conduct Policy** - not completed as Alex was not present at the meeting. Alex Gaw and Kevin Parkinson were asked to discuss this outside of the meeting.

151/17 - Matters arising – **a) Quick Start** – This was not returned to so needs to stay on the Action Sheet.

151/17 – Matters arising – **b) Primary Care Network Developments** – actioned and complete.

152/17a) **Standing Item – Quality Update – Delays in MRI results** – This would be discussed as an Agenda Item as part of the Quality Report.

152/17b) **Standing Item – Quality Update – Refugee & Asylum Seekers** – Outstanding Margaret to pick up.

152/17c) **Standing Item – STP Update** – on today’s agenda – actioned and complete.

152/17d) **Standing Item – BCT** – actioned and complete.

154/17 **Stage 3 Policies for Review** – These had all been completed.

157/17 **Clinical Response to the PwC paper** – on today’s agenda – actioned and complete.

Standards of Business Conduct Policy

Kevin Parkinson and Alex Gaw were asked to discuss this outside of the meeting as to what the issue was that needed to be addressed.

KP/AG

164/17 **STANDING ITEMS**

a) Quality update

Margaret Williams presented the Quality Report which had been circulated to the Group. She highlighted a number of specific issues. The fact that a number of training places had not been filled was a concern for now and for future years in terms of qualified staff. Work was underway with the Universities to try and address this.

Issues were discussed regarding a number of homes in the Lancashire North Area that were now experiencing difficulties and the work that was being done to try and support them. At the other end of the scale some positive news was received regarding Kendal Care Home and Heron Hill Nursing Home who had received their unannounced inspections and were believed to have made some significant progress.

The group was appraised of pending Ofsted inspections within both Cumbria and Lancashire.

One question was asked regarding the Apprenticeship Strategy and whether or not there were apprenticeships for all areas of work, not just clinical. Margaret Williams confirmed that there is but we needed more in order to develop the work force skills required, at present there are apprenticeship standards being developed that will open up broader career options and also the provider market to deliver

b) STP Update

This would be covered as part of Item 173/17.

c) Better Care Together

Andrew Bennett appraised the Group of the development of the Business Case for the future framework of the Accountable Care System (ACS) and the expected timescales for distribution to the Leadership Team. It was hoped that a draft would come to Part 2 of the Governing Body in September with a Public summary going to Part 1 at a future Governing Body meeting. Andrew Bennett updated the Group that the framework would include details on how shared decision making might be moved forward and advice had been received on this regarding the development of a possible committee in common.

165/17 FINANCE

Kevin Parkinson presented the Finance Paper that had been circulated to the Group. He explained that, at the end of month 4, the CCG was predicting achieving its year-end financial duties although there were a number of issues that needed to be managed and risks that were identified as part of the QIPP process with £12million still at risk.

Kevin then highlighted a number of issues to the group including:

- A technical reporting issue.
- Detail on the assumptions that had been made at the beginning of the year regarding the LPM Process and where this had reached with Cumbria CCG and how this may affect Morecambe Bay CCG in the current year.
- A further legacy issue regarding the boundary change and the way in which NHS England wish to manage the non-achievement of surplus which had been carried forward into the new organisations.
- The CEP process and how this was progressing, the work involved in trying to close the gap and mitigate the risks.

The group then went on to discuss a number of issues pertaining to the financial situation and what could be undertaken to further improve the financial position of the CCG. Andrew Bennett then raised the prospect of how an approach could be agreed with Trust to managing the year end process and that that needed to be considered sooner rather than later.

166/17 **CLINICAL RESPONSE TO THE PWC PAPER**

Previous discussion on finance led into the discussion on the clinical response to the PWC financial report. The paper had been circulated to the Sustainability Board and a positive response had been received. The issue now was how to take this forward. It was agreed that a wider clinical discussion needed to be engaged upon and there was discussion on whether to use the Trust's Clinical Executive meeting time on 27 September.

It was agreed that there needed to be clarity on the purpose of the meeting and that the key aspects were to ensure there was buy into the process, to discuss potential initial steps and clinical leads for various items of work. It was agreed that there needed to be some facilitation and that the meeting should not just be medics other clinicians such as lead nurses should be invited to the session.

It was agreed that Andy Knox would pick up the arrangements for the evening session with David Walker when he met him the next day.

AK

167/17 **EXTENDED ACCESS**

The declarations of interest by the GPs were noted, but it was agreed that a full and open discussion be undertaken prior to a paper being taken to the Governing Body.

Kevin Parkinson explained the background to the item and set out the process that has been undertaken within the CCG to reach the current position in both parts of the CCG as the starting points and the conclusions were different for each area.

South Cumbria – a pilot had been running since September and had provided some evidence of the likely take up of any future service. CHOC had provided a proposal to meet the extended access criteria going forward although it was accepted that this would be needed to be built upon given the particular geography of the South Cumbria area. The proposal was within the financial envelope which would then raise the question of how the remaining funding would be used and whether this would be used to support other services within the South Cumbria area.

Lancashire North – there were two bids which had been put forward the background to this particular area was different in that Lancashire North CCG had started to look at integrated primary care services prior to the extended access work being put forward nationally and that had been absorbed into the integrated primary care model that Lancashire North had developed. Of the two bids only one fulfilled the criteria for extended access and integrated service model, but there were a number of questions pertaining to it, one of which was affordability. These issues still needed to be addressed.

The Executive discussed the proposals, concern was raised regarding whether or not there should be a difference in provision between the two areas. Issues were also raised again about the pressure that this type of service would put onto the provision of in-hours primary care services. Officers would take away the discussion items and continue to develop a way forward.

The Executive were thanked for their input to the discussion and Jim Hacking in particular was thanked for his work within the South Cumbria area to achieve the development of the pilot there. Officers would now take the work away and consider the next steps which needed to be taken.

168/17 **PRIMARY CARE INVESTMENTS**

Kevin Parkinson presented the paper which had been circulated relating to the additional general practice forward view funding which had been identified to the CCG in the last few weeks. The Executive agreed the recommendations of the report which were that the Executive were asked to approve the high level principals and suggested areas for investment. The Executive was asked to approve the collaborative approach to developing the detailed spending plans. These were agreed.

169/17 **SOUTH CUMBRIA 2016/17 GAINSHARE**

A report was received by the Executive setting out the summary of the gainshare funding requests which had been received by the CCG through ICCs. These were agreed although it was also agreed that discussion should be held with Ulverston ICC to understand how its request for MSK would fit with the area wide MSK service so that there was no duplication.

AGd

170/17 **MORECAMBE BAY CCG PATHOLOGY COLLABORATIVE UPDATE**

Cliff Elley presented the Morecambe Bay CCG Pathology update for information.

The Executive noted the paper.

171/17 **QUALITY AND SAFEGUARDING INTEGRATED REPORT**

Margaret Williams introduced the current report for July 2017. She indicated that this report would be proceeding to the September Governing Body meeting. The report was noted.

172/17 **ASSURANCE FRAMEWORK/RISK REGISTER**

Margaret Williams introduced these papers, again indicating that they had been prepared for presentation at the September Governing Body meeting. The Risk Register (RR) and Assurance Framework (AF) had been updated after a formal internal meeting on 6 June 2017.

The Executive Committee:

- agreed that the AF and RR reflect current CCG risks
- ensured that the red/high level risks are being managed, challenging risk owners where mitigation actions are not reducing the risks.

173/17 **STP UPDATE**

a) Governance arrangements

Andrew Bennett (AB) introduced the paper from Amanda Doyle which set out proposed new STP Governance arrangements. He had received a request that this be presented to the next meeting of the Governing Body. The paper outlines a proposed development of governance arrangements in the light of the Five Year Forward View Next Steps paper, and particular provides clarity about the proposed STP Board.

The Executive noted the paper.

b) Delegated decision making

Andrew Bennett pointed out that the document circulated with the initial agenda for the meeting was incorrect. He referred

instead to a paper prepared for Part 1 Governing Bodies relating to the development of shared decision making for the Joint Committee of CCGs. This paper had been significantly updated following comments received from all CCGs after Part 2 Governing Body discussions during the summer period. Again, the paper has been prepared for inclusion in the Part 1 Governing Body agenda for September 2017.

AB highlighted in Appendix 1 of the document that a smaller number of proposed areas for delegated decision making had been requested. These will only come into effect once the critical development process for each area had been completed including elements of clinical involvement and local consultation. This would be made clear at the Governing Body. The Executive noted the paper.

c) Commissioning Development Strategy

Andrew Bennett provided a verbal report that together with Alex Gaw and Clive Unitt, he had attended a meeting of commissioning leaders from all CCGs and NHS England on 30 August 2017. This workshop had been established to consider the priorities for commissioning development in the STP in the light of the Five Year Forward View.

During the workshop it had been agreed that a strategy for commissioning development needs to be developed across the Lancashire and South Cumbria STP during the Autumn of 2017. This would encompass clear approaches to:

- Collective commissioning - how commissioners would take decisions together to address common priorities across the STP
- Local delivery partnerships - how commissioners will support the development of Accountable Care arrangements in the 5 local health and care communities
- Integrated Commissioning - how CCGs will work with other key partners including local government, NHS England and Midlands and Lancashire CSU.

174/17 RATIFICATION OF REVISED COMMISSIONING POLICIES AND UPDATE ON CONTINUED PROCESS

Hilary Fordham had circulated the draft Governing Body papers relating to ratification of a revised set of commissioning policies and an update on the continued process for developing policies.

The Executive noted the current position with this paper which would be presented to the September Governing Body.

175/17 MBCCG HEALTH AND SAFETY POLICY

AB confirmed that a revised policy had been drafted for approval at the September Governing Body. Members of the Executive were invited to comment on the updated document. The document was noted.

176/17 NATIONAL CLINICAL DIRECTOR FOR STROKE VISIT TO UHMB

Hilary Fordham had asked to draw Executive Directors attention to the upcoming visit of the National Clinical Director of the Stroke to Morecambe Bay. This information at this stage was that visit may take place on 20 October 2017 and it would be helpful to have CCG representative in attendance. Executive noted the potential visit.

177/17 ITEMS FOR THE NEXT MEETING

There were no items offered at this time.

178/17 ANY OTHER BUSINESS

There were no items of other business.

179/17 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday, 10 October 2017 in the Conference Room, Enterprise House, Kendal.