

**MINUTES OF A MEETING OF THE
GOVERNING BODY**
Tuesday 17 September 2019 at 2.00 pm
Morecambe Football Club, Globe Arena, Morecambe

PRESENT:

Dr G Jolliffe	Clinical Chair (Chair)
Dr S Arun	GP Executive Lead - Commissioning
Mr M Bone	Lay Member
Dr Lauren 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 - Commissioning
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
Dr A Severn	Secondary Care Doctor for the Governing Body
Mr C Unitt	Lay Member
Mrs M Williams	Executive Nurse

In attendance:

Mrs B Carter	Corporate Affairs Support Manager (Minutes)
Miss A May	Commissioning Support Manager Children and Maternity for agenda item 9.0. (item 104/19)
Mrs S Stevenson	Healthwatch Cumbria

Action

96/19 **WELCOME AND INTRODUCTIONS**

Dr Geoff Jolliffe (GJ) welcomed Dr Sarah Arun to her first Governing Body meeting. GJ also 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.

97/19 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Hazel Parsons, Lay Member.

98/19 **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.

99/19 **MINUTES OF THE LAST MEETING HELD ON 16 JULY 2019**

The minutes of the last meeting of the Governing Body held on 16 July 2019 were agreed as a correct record.

100/19 **MATTERS ARISING INCLUDING REVIEW OF ACTION SHEET**

Matter Arising - there were no matters arising.

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

Item 76/19 - Bay Health and Care Partners (BHCP) Update. Complete.

Item 83/19 - Health, Safety and Fire Annual Report 2018/19. Clarification had been received from Midlands and Lancashire Commissioning Support Unit (CSU) confirming the statement covers all the properties and the evidence of the CCG. Complete.

101/19 **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 Oversight Framework (SOF) - at the end of August 2019 a new SOF was published. The 2019/20 framework is a transition stage with a new system framework being introduced from 2020. The SOF previously in place for providers and the Improvement and Assessment Framework (IAF) for CCGs have both now been withdrawn and replaced by the SOF. The first assessment against the new framework is on 1 October 2019 jointly with NHS England, NHS Improvement and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). Lancashire Care NHS Foundation Trust (LCFT) has been invited to the meeting.

Joint Committee of CCGs (JCCCGs) - the JCCCGs met on the 5 September 2019 and concluded an update of the Terms of Reference (ToR) of the JCCCGs. The ToR has greater clarity around decision making and also reflects the proposed expansion of the JCCCGs to take on a wider role relating to the Integrated Care System (ICS) and taking on wider responsibilities than individual CCGs. The work plan will shortly be circulated and formally ratified at the next Governing Body meeting scheduled to be held on 19 November 2019.

RESOLVED:

The Governing Body noted the paper.

102/19 BAY HEALTH AND CARE PARTNERS UPDATE

JEH presented the report which provided an update on key activities for BHCP work streams. The following area was highlighted:-

War on Waste Campaign - the ability to avoid unnecessary waste is an important part of the work that the CCG do. Conversations are starting to be held with members of the public around the campaign. Two key areas that are being focused on are - high level of none attendance at GP or hospital appointments and wastage in medicines.

Dr Andy Knox (AK) raised awareness around communications relating to none attendance at appointments. AK said there are some interesting psychological studies which have proved that if you send out negative messages it does not change anything but a positive message drives up the number of people attending appointments.

JEH said that the Communications and Engagement Team will contact members of the public and ask them for their opinions around attendance at appointments, what helps, what doesn't help and why they have missed appointments. These conversations will be held first with the public before further communications are sent out.

RESOLVED:

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

103/19 BETTER CARE TOGETHER - DEVELOPING OUR BAY STRATEGY FOR THE NEXT FIVE YEARS 2019 - 2024

Anthony Gardner (AG) gave a presentation on Better Care Together (BCT) - Developing our Bay Strategy for the next five years 2019 - 2024 together with an update on the planning process. The following context was provided - the NHS Long Term Plan (LTP) was published in January 2019 and sets out the ambitions for the NHS for the next five to ten years; Local health systems have been asked to produce local plans for implementing the commitments set out in the LTP. It was recognised that it was an ideal opportunity to refresh the BCT work to be in line with the planning work for the ICS.

A workshop was held in February 2019 with a wide range of clinicians, managers, partners and stakeholders. Support was received at the workshop for the continuation of BCT. A draft Needs Assessment report was produced in July 2019 which contained a range of data used and links with Lancashire and Cumbria Joint Strategic Needs Assessment (JSNAs) and Health and Wellbeing Strategies. The key challenges were highlighted.

The four key areas of the case for change were summarised as follows - significant health inequalities and the need to do better on outcomes; need to meet national standards; need to ensure financial and clinical sustainability and the quality of services need to improve.

To tackle the needs faced the following five priorities on how to reach the goals have been produced - taking more action on prevention and health inequalities through a population health approach; further strengthen the sustainability of General Practice and provide improved care through Integrated Care Communities (ICCs) and Primary Care Networks (PCNs); deliver care that will prioritise real improvements in mental health, cancer, emergency care and planned care and meet national standards; improve financial and clinical sustainability alongside the quality of service delivery; develop and deliver more integrated care locally using the new NHS infrastructure at three levels - Lancashire and South Cumbria ICS, Morecambe Bay Integrated Care Partnership (ICP) and ICCs and PCNs.

Engagement on BCT 2 was underway. An engagement document has been produced and published. Results of the engagement work are due mid-September 2019. Sue Stevenson (SS) provided some snap shot feedback on the engagement document from the ICS and at local levels.

The next steps were outlined as follows - working on the priorities and responding to the guidance; cross matching to ICS and ICP priorities; narratives in production setting out for key areas around what the future will look like in five years; work on-going setting out five year finance/activity/workforce projections in line with ICS guidance and strategy drafting will take place in line with ICS plan development.

The LTP expectations on the system were highlighted together with actions to date. The three main submissions required were discussed in detail.

Key messages to system leaders were noted. The strategic narrative sounds positive and future focused, the realities around finance, workforce and outcomes are poor and the risks in the system are increasing. The system is not sustainable in its current form.

The Lancashire and South Cumbria system needs to agree a bespoke cost plus arrangement to secure hospital services in Barrow, this commitment/ cost being share across Lancashire and South Cumbria. The ICS have recognised the challenge of the geography and the importance of hospital services in Barrow. Until the planning cycle has been worked through and the implications understood it was not yet clear if these proposals would remain within the plans.

The percentage growth funding for mental health, primary and community services is required to be greater than allocation growth to CCGs. After the cost of inflations growth funding for acute hospital services must be minimal.

The ICS priorities published in the recent planning guidance were highlighted.

It was noted that population health was implicit in the ICS priorities

with a note stating that population health is to be delivered through ICCS and PCNs but it was felt that it needed to be explicit. It was also felt that the ICS priorities for children cannot wait three years and must be addressed immediately.

The following timescales were discussed - engagement work has now been completed; there are a series of iterative submissions to make to the ICS; ICS first draft plan by 30 September 2019 with a final version by the 15 November 2019 and a first draft of the BCT strategy by mid-October 2019 with a final draft by the end of November 2019.

AG stressed that they cannot continue as they currently are and stressed the importance of being able to think about the financial principles and what they might mean locally.

Detailed discussions were held.

104/19 **SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) - LANCASHIRE AND CUMBRIA**

Hilary Fordham (HF) reminded the Governing Body that they had discussed SEND for Lancashire at a previous Governing Body. Alison May (AM) updated the Governing Body with the outcome of the Cumbria SEND inspection which took place in March 2019 and provided detail on the arrangements being made to address the issues identified.

Cumbria received the results of the joint Ofsted and Care Quality Commission (CQC) SEND inspection in May 2019. While there were a number of strengths in the inspection report there were also nine areas of significant weakness which meant that a Written Statement of Action (WSOA) needed to be produced to explain how the areas would be addressed. The nine areas of weakness were highlighted.

The WSoA had been written and submitted to the inspectors. Since this Governing Body report had been submitted, Cumbria had now received feedback from the inspectors that the WSoA requires amending as in its current state it did not meet the criteria Ofsted was expecting and needed to be re-submitted by the 8 October 2019. The areas to be addressed were around outcomes measures not being specific and defined enough, not enough urgency with regards to some of the specific actions and some of the actions not actually going far enough to address the weaknesses identified.

Once the WSoA has been agreed, the Department for Education (DfE) and NHS England will oversee the improvement programme. The local area will be subject to monitoring meetings from NHS England and the DfE to ensure sufficient progress is being made on the plan. A re-visit is expected within approximately 18-24 months of the plan being accepted. The re-visit will focus only on those areas of weakness and therefore the delivery of the WSoA.

The WSoA sets out an ambitious programme of whole system improvement. The improvement programme is extremely challenging in the light of current capacity and the structural and wider system changes underway. There are real risks to the delivery of the work programme such as lack of workforce in both the provider and commissioning organisations.

AM outlined the health economy within Cumbria and explained the split between north and south. There are two different ICSs which meant there was potential for inequity and duplication of work. The changing organisational health landscape in terms of the transfer of some Cumbria Partnership NHS Foundation Trust (CPFT) colleagues to Lancashire Care NHS Foundation Trust (LCFT) in October will also bring a complexity that will need to be understood and managed.

As with Lancashire work was required with parents and carers to improve the working relationship and the understanding of each other's issues and perspectives.

Margaret Williams (MW) said she didn't expect to see improvement without some additional resources. From the Lancashire learning there was a strong governance approach and a shared recognition of its significance and that would have to happen in Cumbria. MW felt it was not acceptable to expect the workforce to try and address and deliver on such widespread detailed actions of improvement.

HF updated the Governing Body on the progress around implementation of the SEND reforms in Lancashire and explained the process of the re-visit due to take place in the Autumn. It was noted that the process for monitoring and assessment of progress had changed since Lancashire was inspected and wrote its WSOA. The differences in the process were noted with the re-visit expected within 18 - 24 months of agreement of the WSoA. Lancashire is currently awaiting their re-visit.

HF reported on the improvements in governance and services that have been put in place since the WSoA was written to improve areas and to address the twelve significant areas for improvement. One of the significant criticisms at the time of the inspection was the lack of understanding of senior leaders in relation to SEND and the lack of partnership working. Work has been undertaken to address this with the implementation of a robust SEND Partnership Board and clear reporting arrangements to the JCCCGs and the Lancashire Health and Wellbeing Board.

At the time of the inspection the Parent Carer Forum was not in operation. A Parent Carer Forum is an expectation of each area. Work has been undertaken and a new forum has been established.

The Autism Spectrum Disorder (ASD) diagnostic pathway for Lancashire North has now been re-instated. It has seen and diagnosed approximately 70 children with another 100 children on the

pathway. There are increasing numbers of children being referred to the service and already demand is outstripping the service that was put in place which was thought would be sufficient.

The Designated Clinical Officers (DCOs) service has now been in place for a year and is showing signs of making a difference to young people, their parents and professionals. The DCOs are available to meet with parents and carers individually but also collectively with their professional counterparts in education and social care.

One of the key criticisms of the inspection was the quality of the Education, Health and Care Plans (EHCPs). Improvement has been seen in terms of the quality of the plans. Positive feedback has been received from the DfE on the plans that have been submitted.

Transition to adult services is an area where least progress appears to have been made. Some progress has been made in relation to health with the agreement of funding to support CAMHS services up to age 19 and training for health staff but a joint programme is still to be agreed. In addition, demonstrating evidence of impact is one of the key measures the inspectors will have when they return. The CCG will be able to demonstrate improvements for individuals and the DCOs will be able to highlight a number of cases where they have been involved and helped, however, there is a need to manage expectations of how wide ranging the area is yet able to demonstrate significant impact. The foundations that have been laid will support future progress.

The Lancashire area has made good progress addressing the issues that were set out in the inspection report but there is significant work still to be undertaken and the continued support of all partners is vital.

RESOLVED:

The Governing Boded received and noted the following:-

- **Received and noted the Cumbria Inspection Report its implications for the CCG.**
- **Noted the work that is already underway regarding the partnership/governance developments and the development of WSoA in Cumbria.**
- **Noted the arrangements for the re-inspection of Lancashire SEND arrangements.**
- **Noted the recommendation for investment to increase DCO capacity in Cumbria (the specific details of which are to be finalised).**
- **Noted the recommendation for investment to increase commissioning capacity in Cumbria (the specific details of which are to be finalised).**

105/19 **QUALITY IMPROVEMENT AND ASSURANCE REPORT QUARTER 2 JULY 2019 - AUGUST 2019**

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.

This agenda item, agenda item 12.0. Finance Report and agenda item 13.0. CCG Performance Report are collective reports that complement each other. The Quality report is around the impact of performance and not meeting the standards. The Finance report is around possible gaps in terms of the impact for patient experiences together with safety and clinical outcomes.

MW highlighted the exceptions report and stated that the CCG continues to fail on a number of areas which are highlighted in agenda item 13.0. CCG Performance Report. The Quality and Safeguarding Team together with Commissioning and Provider colleagues check the assurances around any impact to patients and learn from individual cases and apply that learning. The Governing Body were assured that patients are at the forefront of all this.

RESOLVED:

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

106/19 **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 Executive Lead to ensure continual management and mitigation of the risk identified. The document is regularly received by the Governing Body, Quality Improvement Committee and other committees. The AF continues to evolve and develop.

MW summarised the eight AF risks and explained the changes and movement on two of the risks since the last reporting period. The increase was due to issues around performance and finance. The ICP Leadership Team also receives AF risks in a similar format.

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.

107/19 **FINANCE REPORT**

Gareth James (GTJ) presented the financial position for the period

ended 31 July 2019 and confirmed that the CCG continue to report breakeven for both the year to date and the financial year end position. The CCG are on course to deliver their financial control total agreed with NHS England and NHS Improvement.

The CCG also continue to report approximately £4m of additional risks which if not mitigated before the 31 March 2020 would result in a deficit. This results from approximately 25% of the CCG QIPP target remaining unidentified.

The reported 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. Total reported financial risk for the BHCP (ICP) has increased to £11.5m. This has been reported to NHS England and NHS Improvement at a recent financial performance review. There is a clear expectation from the Regulators that this risk will be mitigated and the CCG will deliver the system control total of £60m deficit.

Since the month 4 position the CCG have been doing some detailed scenario planning and forecasting and have taken various scenarios over the past months to the Executive Committee. The CCG have a forecast position at the moment that they think can get better than the £4m although that still depends on a lot of assumptions both in terms of activity and the non-recurrent things being done to try and bridge the gap. Some of those things will push the pressure into next year but it was felt that the pressure is such from NHS England and NHS Improvement to get as close as possible to the control total.

The CCG have had to submit a recovery plan but have requested to call it an update on financial recovery due to only having two weeks to complete it and therefore it is not a full financial recovery plan. It indicates that the CCG can get close to £2.5m deficit which will be a £1.5m improvement on last year's performance. As a system the likely position will improve from the £11.5m reported at month 4 collectively which is the CCGs £4m and £7.5m from the Trust. It was hoped to get close to financial balance for the CCG and the £60m control total for the Trust as possible.

RESOLVED:

The Governing Body noted the CCG's financial performance for the period ended 31 July 2019 and the current financial forecast for the year ended 31 March 2020.

108/19 CCG PERFORMANCE REPORT

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

A&E Attendances of Non-Electives at the Urgent Care aspects are under plan but over plan in terms of cost. The CCG is reporting both a reduction in activity and an increase in financial costs. First Out-patients are marginally up at 3%. The CCG are investigating the extent to which the changes made in MSK have added numbers into those figures. Follow Up Out-patients are up. One explanation was that the reduction was planned for across the whole of the year but the activity has not yet started. From October UHMBT will be making changes in order to start reducing Follow Up Out-patients.

AG highlighted the continuation of the underperformance on In-patients particularly associated with the issues in terms of theatres. The A&E 4 hour target continues to under-perform and also includes a number of 12 hour breaches. Some improvement has been seen in terms of mental health breaches.

Disappointingly the CCG are not achieving the trajectory which they set. A recovery plan is in place for the A&E Delivery Board who will be looking at the extent to which it is being delivered. Elective Care is currently marginally over the waiting list. It was noted that it was a seasonal issue and was expected to improve.

More 52 week waits are being seen. Some of those were due to the pressures on bariatrics. The CCG are working with UHMBT on the basis of no 52 week waits and have seen a small number of those particularly in neurology and general surgery.

Mental health standards continue to be delivered but some services still remain fragile due to the increase in targets.

RESOLVED:

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

109/19 EXECUTIVE COMMITTEE MINUTES 25 JUNE 2019, 9 JULY 2019, 23 JULY 2019, 13 AUGUST 2019 AND 27 AUGUST 2019

Minutes of the Executive Committee were received for information.

110/19 JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS MINUTES 2 MAY 2019

Minutes of the Joint Committee of Clinical Commissioning Groups were received for information.

111/19 LANCASHIRE HEALTH AND WELLBEING BOARD MINUTES 23 JULY 2019

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

112/19 LANCASTER DISTRICT HEALTH AND WELLBEING PARTNERSHIP MINUTES 19 JUNE 2019

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

113/19 QUALITY IMPROVEMENT COMMITTEE MINUTES 7 MAY 2019

Minutes of the Quality Improvement Committee were received for information.

114/19 ANY OTHER BUSINESS

There was no other business.

115/19 DATE AND TIME OF NEXT MEETING

Tuesday 19 November 2019 at 2.00 pm, The Forum Theatre, Grasmere Suite, Duke Street, Barrow-in-Furness.

