

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
GOVERNING BODY
Tuesday 23 May 2017 at 2.00 pm
Main Lecture Theatre, Moor Lane Mills, Lancaster**

PRESENT:

Mrs S McGraw	Lay Member (Chair)
Mr A Bennett	Chief Officer
Dr L Dixon	GP Executive Lead - Womens and Childrens
Dr C Elley	GP Executive Lead - Commissioning
Miss H Fordham	Chief Operating Officer
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)
--------------	---

Action

26/17 **WELCOME AND INTRODUCTIONS**

Sue McGraw (SMcG) welcomed members of the Governing Body and members of the public to the first meeting held in public of the Governing Body of Morecambe Bay CCG (MBCCG). Governing Body members introduced themselves to members of the public.

SMcG stated that MBCCG has been created as a result of a boundary change between Lancashire North CCG and the Member Practices in South Cumbria. The agenda and papers will now address a range of issues on a Bay-wide basis.

The first meeting of a new financial year receives the Annual Report and Accounts. These will be related to Lancashire North CCG. Colleagues in the new North Cumbria CCG will receive the Annual Report and Accounts for the former Cumbria CCG.

Mr Michael Bone, a resident of Barrow will be joining the Governing

Body as the third Lay Member from 1 July 2017. It was noted that Governing Body meetings will be held at different locations around the Bay over the next financial year.

27/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Alex Gaw, Clinical Chair and Dr Mike Flanagan, Secondary Care Doctor for the Governing Body.

28/17 DECLARATIONS OF INTEREST

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. Dr Geoff Jolliffe (GJ) declared an interest to Agenda Item 13.0. Alfred Barrow Development as he is one of the GPs who will be going into this development. No further declarations of interest were made. Recorded declarations of interest can be viewed on MBCCG's website.

29/17 MINUTES OF THE LAST MEETING OF LANCASHIRE NORTH CCG HELD ON 21 MARCH 2017

The minutes of the last meeting of Lancashire North CCG's Governing Body held on 21 March 2017 were agreed as a correct record.

30/17 MATTERS ARISING

There were no matters arising.

31/17 CHIEF OFFICER'S REPORT

Andrew Bennett (AB) gave a presentation which highlighted key facts relating to MBCCG. AB stated that MBCCG serves a population of 365,000 people with an allocation of £507m to commission services in 2017/18. There are thirty eight member practices with six in North Lancashire and thirty two in South Cumbria. MBCCG is part of the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP).

AB stated that the Governing Body includes members of the Executive Committee together with a Secondary Care Doctor and three Lay Members. Clinical Commissioning Leads and their lead areas were highlighted.

Meeting arrangements for the Membership Council, Governing Body, PLT sessions and Locality meetings were discussed. AB briefly stated how the finances of MBCCG are planned to be spent and explained that Kevin Parkinson (KP) would be covering this item in more detail later in the meeting.

The legacies of the two Primary Care Trusts and two Clinical Commissioning Groups were discussed. MBCCG is a core member of Bay Health and Care Partners (BHCP) in leading development of the Accountable Care System (ACS). Relationships are developing with two Federations, one Local Medical Council (LMC) and twelve Integrated Care Communities (ICCs).

Five Year Forward View Next Steps - AB presented the report which draws the attention of the Governing Body to a recent national publication: Next Steps on the Five Year Forward View, March 2017. The timing of the publication is significant as the NHS is already half-way through the implementation period of the original Five Year Forward View published in October 2014. The paper explains how the system will evolve. AB highlighted the following key areas within the report - improving A&E performance; strengthening access to high quality GP services and primary care, and improvements in cancer services and mental health.

Dr Amanda Doyle, Chief Clinical Officer, Blackpool CCG has been appointed as the lead for the Lancashire and South Cumbria STP, which has been named as a fast track area.

Helme Chase Position - in February 2017 Cumbria CCG received a report on a Public Consultation on a proposal to make permanent changes to the clinical and staffing model at Helme Chase a maternity service at Westmorland General Hospital. The results of the public consultation were presented to Cumbria CCG's Governing Body at their last meeting and are presented here today for information.

An observation was made around issues relating to the CCG working with colleagues from Local Government. AB confirmed that Lancashire County Council (LCC) was contacted to remind them there was a seat available at the table for a senior representative from LCC to attend Governing Body meetings. Due to significant restructuring within LCC the offer has not been taken up.

RESOLVED:

The Governing Body noted the contents of the report.

32/17 **CLINICAL STRATEGY FOR HEALTH SERVICES IN MORECAMBE BAY - BETTER CARE TOGETHER UPDATE**

AB presented the paper which describes the current status of the Better Care Together (BCT) programme and provides a progress update on the key elements of work. It was noted that the programme is now in its final year as a national Vanguard site. AB touched on some of the activity since the meeting held in March 2017.

Development of the Accountable Care System (ACS) - in March 2017 BHCP submitted its ACS Development Plan to the Boards and

Governing Bodies of the partner organisations.

Research and Evaluation - the University of Cumbria presented their Interim Report to the New Care Models Team and to the BCT Programme Board. The University is due to deliver the second of three Evaluation workshops on 23 May 2017 to discuss the creation, collection and use of data from across health providers, support services and the community. A third workshop is planned for the summer to engage with patients, carers and the public.

Women's and Children's Services - it was noted that this workstream has progressed well with concrete steps made towards establishment of the Integrated Children's Nursing Teams.

AB was asked to elaborate on the lack of data being received and the continuing need for cultural change. AB stated that it had been brought to the attention of the Programme Board that service priorities needed to be raised as data was coming through very slowly. Cultural change is a challenge at all levels and when BCT first started, a five year change programme was planned to be implemented.

RESOLVED:

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

33/17 **POPULATION HEALTH AND ENGAGING COMMUNITIES**

Dr Andy Knox (AK) gave a presentation on the Health and Wellbeing in Morecambe Bay. AK stated that patients and families are at the centre of the framework with the following four key areas building safe, sustainable and excellent health systems:-

- Culture of Joy - create a culture of joy as a foundation which is then broken down into purpose, trust and camaraderie.
- Social Movement - to get communities to work with the CCG.
- Quality and Safety.
- Continuous Learning.

AK explained the Health and Wellbeing model (known as "the rocket") to the Governing Body.

Sue Stevenson (SS) congratulated AK on a fantastic presentation and asked why is this not already happening? What needs to stop or change to achieve this? AK explained the challenges that are being faced to achieve these goals. AK and SS agreed to meet to discuss how they can work together on these areas.

34/17 CONTINUING HEALTHCARE - CHOICE AND EQUITY POLICY

Margaret Williams (MW) presented the policy for ratification and explained that this policy has been developed across the STP footprint. It describes the way in which the Midlands and Lancashire Commissioning Support Unit (MLCSU) Continuing Healthcare Team (CHC) will support those people who have been assessed as eligible for fully funded NHS Continuing Healthcare. It reflects the choice and preferences of individuals but balances the need for CCGs to commission care that is safe and effective and makes the best use of available resources. The policy will be placed on the CCG's website once ratified by the Governing Body.

RESOLVED:

The Governing Body ratified the Continuing Healthcare - Choice and Equity Policy.

35/17 QUALITY IMPROVEMENT AND ASSURANCE REPORT

MW presented the regular report which ensures the Governing Body are aware of MBCCG's quality activity, monitoring and actions. This report covers the period for April 2017. The report will continue to develop and aims to provide a system view of quality improvement and reporting provider issues by exception only.

Key areas were highlighted and system issues were explained including how the CCG are facilitating partners across Morecambe Bay to respond.

Infection Prevention and Control and Antimicrobial Stewardship - there is now a Bay-wide Antimicrobial Resistance (AMR) collaborative. Partners include Local Authorities, Public Health England and dentistry. It has been agreed to share the responsibility with the population for maintaining the effective use of antibiotics whilst reducing infection. Microbiologists locally and across the country are reporting that infections are becoming resistant to certain types of antibiotics. The focus for 2017/18 will be Clostridium Difficile (Cdiff), E-Coli and related treatment options for UTI's and gastroenteritis.

Care Quality Commission (CQC) Ratings - University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) have been rated as 'good'. The majority of GP Practices inspected are rated as 'good' or 'outstanding' with none inspected as 'requiring improvement'. Cumbria Health On Call (CHOC) has been rated 'outstanding'. Two Mental Health providers, one rated as 'good' and the other 'requires improvement'. The two Hospices have been rated as 'good' and 'outstanding'. North West Ambulance Service (NWAS) 'requires improvement'.

There was a varied picture for the Care Home Sector with approximately one fifth 'requiring improvement' or 'inadequate'.

MW explained what action is being put in place to improve the areas that need improving.

Workforce - there is an increasing workload worsened by growing staff shortages. MW highlighted the Bay picture for nursing and care staff. Recruitment continues to be a key focus for UHMBT and positive progress continues in both Registered Nursing and Registered Midwifery recruitment.

Continuing Health Care (CHC) - currently undertaking a pathway review. The system is confusing to families and creates various complexities. There are a high number of individuals who pass through the first stage of assessment to then be told they do not fully meet the criteria for physical health nursing needs. The system is creating tension between teams and Local Authority. There appears to be multiple disjointed processes.

RESOLVED:

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

36/17 **PERFORMANCE REPORT**

Anthony Gardner (AGd) provided an overview of the CCG's performance at the end of April 2017 and stated that there are a couple of caveats to be noted. Due to the timeline for the May report, information is still being collected and a significant amount of the data in this report relates to last year's information. Some information has not yet been fully joined with South Cumbria and therefore most of the report relates to North Lancashire only.

Delivery on Key Performance Targets - the table summarised the performance at month 11 by LNCCG on the key constitutional and operational targets. The following key areas were highlighted - A&E 4 Hour Target and stated that this area continues to be a challenge with the health economy failing the A&E standard. Ambulance handover performance has deteriorated at UHMBT since May 2015.

Elective Care - underperformance on the 18 week target with 89.5% of patients against a target of 92%, waiting for treatment within 18 weeks. Slippages have occurred throughout the year in terms of performance, in particular at UHMBT relating to junior doctors strikes, cancellation of operations and pressures on beds. A range of actions are being taken to address these issues.

A number of patients who don't need to be seen by a consultant are now being treated by GPs with Special Interests (GPwSI) or nurses within the community. This enables better use of resources available.

Cancer Target Performance - nearly all targets are being achieved

with the exception of the 62 day target for GP referral to first treatment with a performance of 67.7% against a target of 85%. Action is in place to speed up the early pathways within Morecambe Bay.

Mental Health - the CCG continues to make progress in delivering the Mental Health standards and achieved the Improving Access to Psychological Therapies (IAPT) recovery target in December 2016. There have been problems with achieving the target overall in Cumbria but performance has been better in South Lakes and Furness.

RESOLVED:

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

37/17 **ANNUAL REPORT AND ACCOUNTS 2016/17**

KP presented the Annual Report and Accounts 2016/17, the KPMG Letter of Representation, the Assurance (consistency) Statement and the CCG's Going Concern Assessment, which had been approved by the CCG Executive Committee and explained that all of these documents had been presented to the Audit Committee meeting on the 23 May 2017.

KP outlined the process that had been followed in completing the Annual Report and Accounts and explained that they are drawn up in line with International Financial Reporting Standards (IFRS) and National guidance, primarily the NHS manual for Accounts and CCG Annual Reporting Guidance. The Annual Report and Accounts were submitted on time to NHS England and External Auditors KPMG.

KP highlighted the adjustment that had been made to Note 4.1.1. to the Accounts (page 13) to reflect the inclusion of a previously omitted figure and noted an adjustment required in the Annual Report (page 51) to correct the details of the composition of the Primary Care Co-Commissioning Joint Committee.

Clive Unitt (CU) as Chair of the Audit Committee confirmed that on the strength of the accounts and papers to recommend to the Governing Body for sign off. The CCG have received an unqualified recommendation from KPMG. CU thanked KP and finance colleagues for the work carried out during the financial year and the completion of the Annual Report and Accounts.

RESOLVED:

The Governing Body agreed and approved the following:-

- **Accepted the recommendations from the Audit Committee, as outlined in Section 3. of the report.**

- **Adopted the 2016/17 Annual Report and Accounts.**
- **Noted that Governing Body members have confirmed that, as far as they are aware, there is no relevant audit information of which the Clinical Commissioning Group's auditor is unaware.**
- **Noted that Governing Body members have confirmed that they have taken all steps that they ought to have taken as members in order to make themselves aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditor is aware of that information.**

38/17 **FINANCIAL STRATEGY AND BUDGETS 2017/18**

KP presented the report and highlighted key areas to the Governing Body and explained factual areas and what it really means for the CCG. It was noted that due to the boundary change there has been a significant shift in the size of the organisation which also provides a significant shift in money available for the new organisation.

KP explained the national funding formula and stated that South Cumbria and Lancashire North were deemed to be over their allocation. On the basis of the formula the CCG are deemed to be spending more than its equitable share of NHS resources. An explanation around the sparsity adjustment was provided which supports any Local Price Modifications (LPM) in UHMBT.

LNCCG achieved a £1m surplus in 2016/17 against a target of £2m surplus. In addition there is a deficit position relating to South Cumbria for 2016/17. The underlying position in both old organisations is brought forward into MBCCG.

Financial Strategy - KP gave a summary on the purpose of the financial strategy and the five objectives that it is driven by.

CCG Allocation - KP explained the baseline allocation for the CCG which consists of an allowance for commissioning services and a separate allocation for organisational running costs. The recurrent allocation for MBCCG is approximately £500m which equates to approximately £1,400 per head of population for the CCG.

Financial Plan 2017/18 - the Financial Plans for 2017/18 were explained. It was noted that because the CCG is over target the growth in allocation received was the minimum level.

QIPP Target - the QIPP savings target for the CCG is £23.2m for 2017/18 which equates to 4.6% of the allocation. This is a high requirement and is considered high risk in view of the amount currently considered as unidentified.

RightCare - an explanation was given about RightCare and national benchmarks. NHS England has provided considerable information for use in health system which compared use of services and their respective outcomes with peers across the country.

CCG Approach to QIPP - the approach to achieving the targets was discussed. It was stated that BCT and ACS schemes will contribute to the CCG's savings on activity commissioned.

National QIPP Support Team - NHS England are supporting CCGs with high QIPP targets who are still identifying solutions.

Capped Expenditure Process (CEP) - following the publication of the Next Steps on the NHS Five Year Forward View a process has been put in place for health systems who have significant financial pressures. The CEP is that process and is now underway jointly with UHMBT.

Amended Financial Plan 2017/18 - this process starts with a £23m target and highlights the schemes identified to date.

Risks - the risks were identified within the report.

Service Level Agreements (SLA)/Contracts - this is how the CCG transacts business and allocates resources. All contracts with the exception of UHMBT have been signed off. The reasons why the UHMBT contract has not been signed are being picked up in the Capped Expenditure Process (CEP).

Cash Limit - the CCG does receive a cash limit which is a maximum cash drawdown reflective of the CCG's allocation. Delivery of the financial strategy with QIPP schemes that meet the full QIPP target will ensure that the CCG remains within its cash limit.

Budgets 2017/18 - Appendix A shows the CCG's budgets that have been set that reflect the Financial Strategy/Plan outlined in the report.

RESOLVED:

The Governing Body agreed and noted the following:-

- **Agreed the Financial Strategy and Plan for 2017/18, as described in the report, recognising the unidentified QIPP balance.**
- **Noted that the CCG (along with UHMBT) is currently part of the National CEP process.**
- **Noted the risks identified in 11.0. of the report and the need for plans to minimise/eliminate the risks.**
- **Agreed to adopt the CCG budgets in Appendix A, noting**

that they will be amended from time to time in line with 14.2.

39/17 **GOVERNANCE FRAMEWORK**

KP presented the Local Anti-Fraud, Bribery and Corruption Policy for ratification which has been updated by Mersey Internal Audit Agency (MIAA) to reflect the changes from references from LNCCG to MBCCG. The policy also includes updated NHS England guidance on the content of such policies. The policy has been approved by the Audit Committee.

The only changes to the Conflicts of Interest Policy are references from LNCCG to MBCCG. Other than reference changes the policy remains the same as when it was approved by the Governing Body in December 2016.

Minor changes have been made to the Detailed Scheme of Delegation.

RESOLVED:

The Governing Body approved the following:-

- **Local Anti-Fraud, Bribery and Corruption Policy.**
- **Conflicts of Interest Policy.**
- **Detailed Scheme of Delegation.**

40/17 **ALFRED BARROW DEVELOPMENT**

Dr Geoff Jolliffe (GJ) declared at interest to this item as he is one of the GPs who will be going into the development. GJ left the meeting at this point.

KP presented the report and stated that the Alfred Barrow development has been worked on for a number of years by Cumbria CCG and NHS England. Due to a number of delays in the approval process this has meant that financial close of the development and the associated signing of a number of documents has transferred to Morecambe Bay CCG as a legacy issue due to boundary change. It was noted that within the document there are a number of assurances from Cumbria CCG that a robust process was followed and they would have signed off the document had the boundary change not happened.

KP outlined the requirements for MBCCG and explained the agreement to use ELift. The under-lease for CCG accommodation and the Community Health Partnerships Ltd (CHP) commitment letter to enter into a lease for Alfred Barrow were discussed.

RESOLVED:

The Governing Body authorised the signing of:-

- **The Strategic Partnership Agreement.**
- **The under-lease for the CCG accommodation in the Alfred Barrow development.**
- **The Community Health Partnerships Ltd commitment letter.**

GJ returned to the meeting at this point.

41/17 LNCCG AUDIT COMMITTEE MINUTES 9 FEBRUARY 2017

Minutes of LNCCG Audit Committee were received for information.

42/17 LNCCG EXECUTIVE TEAM MINUTES 28 FEBRUARY 2017 AND 14 MARCH 2017

Minutes of LNCCG Executive Team were received for information.

43/17 MBCCG EXECUTIVE TEAM MINUTES 11 APRIL 2017

Minutes of MBCCG Executive Team were received for information.

44/17 LANCASHIRE HEALTH AND WELLBEING BOARD MINUTES 7 FEBRUARY 2017

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

45/17 LNCCG QUALITY IMPROVEMENT COMMITTEE MINUTES 7 FEBRUARY 2017

Minutes of LNCCG Quality Improvement Committee were received for information.

46/17 ANY OTHER BUSINESS

There was no other business.

47/17 DATE AND TIME OF NEXT MEETING

Tuesday 18 July 2017 at 2.00 pm, Barrow.