

Ratified on
13 June 2017

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE**

**Tuesday 9 May 2017 at 2.00pm
Silk Room, MLMs**

PRESENT:

Andrew Bennett	Chief Officer
Lauren Dixon	GP Executive Lead – Women and Children
Dr Cliff Elley	GP Executive Lead – Commissioning
Anthony Gardner	Director of Planning & Performance
Dr Alex Gaw	Clinical Chair (Chair)
Dr Jim Hacking	GP Executive Lead – Urgent Care and Mental Health
Dr Geoff Jolliffe	Vice Clinical Chair
Dr Andy Knox	GP Executive Lead - Health and Wellbeing
Dr Andy Maddox	GP Executive Lead - Contracting, Finance and Quality
Kevin Parkinson	Chief Finance Officer/Director of Governance
Margaret Williams	Chief Nurse

In attendance:

Julia Westaway	Senior Manager, Children and Maternity
Sue Cole	PA (minutes)

Action

56/17 APOLOGIES FOR ABSENCE

Apologies of absence were received from Hilary Fordham, Chief Operating Officer.

57/17 DECLARATIONS OF INTEREST

Declarations of interest were made by Dr G Jolliffe relating to item 64/17 – Alfred Barrow Scheme and Dr Jim Hacking relating to item 78/17 - AOB – ETFF - Milnthorpe, on the Executive Committee agenda.

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.

58/17 MINUTES OF THE MEETING OF HELD ON 9 MAY 2017

The minutes of the Executive Team meeting held on 9 May 2017 were agreed as a correct record.

59/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

The action sheet was reviewed and updated as follows:-

37/17 – **CHC Choice and Equity Policy** – on today's agenda. Action complete

45/17 – **Financial Recovery Plan** – Action complete

48/17 – **Changes to PH Services for Children in Cumbria** – Andrew confirmed a response has been sent. Action complete.

52/17 – **Morecambe Bay Prescribing Work Plan 2017/18** - ongoing

45/17 - *Transition Exec Action* - **MOU between Lancaster University and CCG** – on today's agenda. Action complete.

47/17 - *Transition Exec Action* - **BHCP system development plan** – on today's agenda. Action complete

60/17 **STANDING ITEMS**

a) **Quality update**

Margaret Williams updated the Executives on the Morecambe Bay CCG Executive Safeguarding and Quality report and highlighted the following key points:

Quality and Safeguarding – Integrated Care Communities (ICCs) – the team have now identified leads for each of the ICCs for MBCCG. The leads will ensure safeguarding and quality aspects and concerns are identified and will provide safeguarding and quality advice to the ICCs when they are developing new models of care.

Regulated Care – Margaret Williams provided an update on the local issues and concerns within the Morecambe Bay area.

Safeguarding Statutory Deliverables – Margaret Williams explained that Blackpool Teaching Hospital are reporting an expected drop in compliance with statutory targets for initial and review health assessments for looked after children from April onwards this is due to the withdrawal of local authority (LA) funding and work is being undertaken with the LA to address gaps in administrative functions.

Safeguarding Reporting – from 1 April 2017 Lancashire procedures for the management of non-accidental injury have changed with a requirement to refer all cases immediately to Children's Social Care regardless of plausibility of explanation.

UHMB currently has an injury to non-mobile infant's action plan in progress.

IPC/AMR - The well-established Morecambe bay wide system Anti-Microbial Resistance Group continues its meetings and cross Bay developments; specifically pulling system together to address UTI reduction and improvement programme and Infection Prevention & Control- of CDI and E.coli. In addition a new system is being developed across the Morecambe Bay foot print to identify learning from CDI cases.

Quality Performance - The Quality team is working with the performance and BI teams to develop new metrics to ensure that we can measure in an effective manner where ever possible Quantative issues or improvements of the healthcare delivered to our population, such will include 12 hr breach data, Cancer waits and RTT, but we are also aiming to include Quantative information for previously Qualitive reviews when able.

Multi-agency investigations – Margaret Williams highlighted to the Executive team the investigations that were currently ongoing.

LD Clinical Support – Safeguarding and Quality team members have been supporting the LD CTR agenda and further training and development will be undertaken across the team.

Healthwatch – Margaret Williams explained that the Safeguarding and Quality team have made some links to the respective Lancashire and Cumbria Healthwatch organisations. Further work will be undertaken to look at the different approaches both organisations take in discharging their duties to the populations they service. It is hoped that Healthwatch will be able to be a significant resource for information in quality improvement across the Bay-wide system.

Andrew Bennett confirmed that both Lancashire and Cumbria Healthwatch will be at the MBCCG's Governing Body meetings going forward.

A meeting was being set up with some of the Directors of Cumbria Partnership, UHMB and MBCCG and quality issues will be one of its early focus.

b) Better Care Together

Andrew Bennett stated there were no updates to present at this time.

However, he highlighted that an Integrated Services Proposal – Transfer of Community Services had been discussed with ICC leads and a draft model had been 'talked up' and this had been

sent out as an 'Aunt Sally' giving our thinking/proposals. It had also been shared with Jackie Daniel and Foluke Ajayi at UHMB asking for their comments.

After Kevin Parkinson asked how this proposal would be Contracted, it was stated there was no clarity on this as yet; no decision had been made. It was also highlighted that governance was an area that also needed to be clarified.

Andrew Bennett agreed to write a formal note to Claire Molloy, CEO, Cumbria Partnership Foundation Trust of the proposals.

AB

61/17 **FINANCE**

Kevin Parkinson updated the Executive Team on the CCG's financial issues in regard to 2016/17 and 2017/18. A detailed report would be presented to the Governing Body on 23 May 2017. He would also be giving a presentation to the Membership Council on 18 May 2017 in respect of finances for 2017/18.

The CCG along with UHMB have been entered into Capped Expenditure Process (CEP) in regard to its financial concerns. A meeting had been held with NHS England to discuss what the CCG and UHMB do now and what could be worked on along with the speed of delivery, accessibility etc. A joint submission needs to be made to NHSE by Friday, 12 May 2017.

The CCG is looking to find new QIPP schemes.

Andrew Bennett explained that following the Executive Team 'Brainstorming' meeting he had placed suggestions onto a grid and shared with Jackie Daniel (UHMB) who had been very supportive.

62/17 **STP UPDATE**

a) Development of shared decision making

Andrew updated colleagues regarding the structure of the Joint Committee of Clinical Commissioning Groups (JCCCGs). JCCCGs had met three times in public and have held two development sessions since being established. Each organisation has two senior representatives on the Committee who are responsible for feeding in their areas views/decisions. Accountable Officers have been tasked to put a paper together for all organisations' Governing Bodies to explore potential issues which need to be clear at both STP and local levels.

Lancashire and South Cumbria have been named as a 'Fast Tracked' STP and will be required to sign agreement with NHS England and NHS Improvement. Andrew explained that sitting below this is an agreement on shared decision making and he would be overseeing this work.

Discussion followed around the timings of the STP and work stream meetings as these clash with other important local meetings. Kevin Parkinson suggested as the meetings were predominantly around governance perhaps ask Clive Unitt, Lay Member to become a member of the JCCCG. Andrew Bennett stated that the JCCCG will evolve in 2017/18 and work was still in progress.

Andy Maddox stated that the Membership Council would need to be aware of any relinquished authority, even though the CCG's constitution had scope for this to happen.

b) Acute and Specialist work stream

Andrew Bennett stated he had attended a meeting recently where a presentation was given to provide an update on Acute and Specialised workstreams. Specialised Commissioning and Acute colleagues are working on criteria for looking at services to try to develop consistent processes, so if change is recommended it can be clearly demonstrated. Specialised Commissioning are also looking at repatriating segmented specialised commissioning services.

Dr Amanda Doyle, the STP Lead, would like to be able to carry out a public engagement exercise on this work by November 2017.

63/17 FUTURE OF COMMISSIONING

Anthony Gardner presented the 'Future of Commissioning; progress update from Morecambe Bay CCG group'. He provided background and context and stated that against the background of change it was important for MBCCG to have a clear view on the future of Commissioning within an Accountable Care System and STP developments. It is important to have a view at the outset so that we try to shape our future rather than simply reacting to others. The paper looked at Design Principles; Strategic planning; service re-design & procurement of services, monitoring evaluation & assurance; commissioning service delivery by level and BHCP refreshed leadership structure.

Anthony asked colleagues for their thoughts as it was important to have a view as a CCG.

Geoff Jolliffe commented that he felt it was a good paper, but felt more debate was necessary as integrated commissioning was a key thing. Andrew stated that setting principles at different levels is quite difficult as he wants this to be consistent across the STP. After Andy Maddox asked who would hold the system to account, Andrew explained there would need to be a separate body that holds quality to account.

It was agreed that the next iteration would be to re-frame it and set out the next steps; how we think an ACS would look like in the future and to show the linkage; what strategic commissioning is and what we might want to change this year (i.e. first steps) and the following years.

AGd

Geoff Jolliffe left the meeting, excluding himself from the discussion regarding the Alfred Barrow Scheme.

64/17 **ALFRED BARROW SCHEME**

Kevin Parkinson explained that the Alfred Barrow scheme has been planned for a considerable time in Cumbria CCG and formal decisions made, but due to a number of timing issues not all the documents had been signed before Morecambe Bay CCG came into being. Therefore, there are a number that need to be signed by MBCCG.

The first two (the authority to sign up to the lease for the CCG's part of the building and to sign a letter to the Community Health Partnership that as commissioner, health services are continued from the building), would need sign off from Morecambe Bay CCG as the successor body. The third, to allow eLIFT in our area we would have be a party to the Strategic Partnership. Kevin Parkinson asked the Executive Committee for their agreement to this approach.

The Executive Committee gave approval to put this approach to the Governing Body for decision.

Geoff Jolliffe was brought back into the meeting

65/17 **PLT UPDATE**

Alex Gaw provided an update. Protected Learning Time (PLT) dates have been agreed and sent out for 2017/18. A letter has been circulated to all Practices explaining if they don't want to take part in the PLT they need to let the CCG know. The CCG's Clinical Executive will inform discussion and content.

Margaret Williams added that alongside the PLT they are looking at Practice Nurse Protected Learning Time.

66/17 **CHC CHOICE AND EQUITY POLICY**

Margaret Williams explained the CHC Choice and Equity Policy had come previously to the Lancashire North CCG Executive Team for agreement; there had been some legality queries which had since been clarified. Following the CCG's boundary change the Policy has been brought back to the Executive Committee to allow South Cumbria Executives the opportunity to review and comment. Discussion followed as to when the Policy should go to the Morecambe Bay CCG Governing Body for ratification.

The Executive Committee gave their approval for the CHC Choice and

Equity Policy to be presented at the Governing Body on 23 May 2017 for approval.

67/17 **CUMBRIA NEUROLOGY SERVICE**

Andrew Bennett presented the letters he had been copied into regarding the Cumbria Neurology Service. The letters were here for information.

Andrew explained that the CCG need due diligence around this and agreement to have a meeting as this will require attention. Anthony Gardner felt this issue should be split into two exercises i.e. one for the north and one for the south. Andy Maddox felt that this fell into the STP Fragile services.

68/17 **LEARNING FROM THE IHI CONFERENCE – QUALITY & SAFETY**

Andy Knox fed back from the IHI Conference he had attended and he wanted to reflect on it and open discussions. He stated that research has shown that there are four pillars to building a safe system. These are:

- Culture of Joy (.e. sense of purpose; sense of trust and sense of camaraderie)
- Transparency
- Continuous Learning
- Quality and Safety

69/17 **FEEDBACK FROM MEETING WITH DON BERWICK**

Andy Knox described the outcomes of his meeting with Don Berwick who is an internationally recognised improvement expert. Don has offered his services to us on a consultant basis.

Andy Maddox added that in a recent Rightcare meeting it was stated that clinicians need to own the issues and have full and frank discussions and involve the public. Andy Knox continued that there was an urgency about the conversation. He felt General Practice has a huge role to play in getting the message out there and also to look at themselves as we all need to look at inefficiencies.

70/17 **UPDATE ON TWO NATIONAL RESEARCH PROJECTS**

Andy Knox provided feedback on two National Research Projects

- **Run a mile** – Andy had secured £500,000 from Simon Stevens to continue with the project and this will also give the Morecambe Bay area kudos.
- **Let's Eat Well** – Andy explained he had presented the idea to Simon Stevens who is looking at the design of the study. The may lead to further financial support for the research project.

71/17 GOING CONCERN ASSESSMENT

Kevin Parkinson outlined the 2016/2017 Accounts Going Concern Assessment and requested their consideration and agreement, to the recommendation provided.

The Executive Committee approved the Going Concern Assessment.

72/17 CCG PREMISES

Kevin Parkinson described the CCG's strategic footprint and explained alongside this there is a Strategic Estates group comprising representation from different organisations, which he Chairs. He is proposing the setting up of a work stream to put an estates bid to run a 'public sector office premises need' across the Lancaster area. If this was successful he would propose to do the same for the Barrow and Kendal areas.

Kevin also confirmed that he was in discussion with Lancaster City Council regarding Moor Lane Mills. He would provide further updates to the Executive Committee as they became available.

73/17 CLINICAL FELLOWSHIP

Alex Gaw presented the details for a GP Academic Training Fellow position. This was here for information and has been set up as outlined in an MOU with the Dean of Lancaster University Medical School.

The proposal is for the CCG to have ownership and any costs would be quite separate. Funding would be from a provider Practice and the University. Alex Gaw asked the Executive Committee if they supported the proposal.

The Executive Committee gave their approval.

74/17 QUALITY IMPROVEMENT AND ASSURANCE REPORT

Margaret Williams explained that the Quality Improvement Committee meets bi-monthly. In the absence of a meeting this month she requested the Executive Committee to ratify for forward review by the Governing Body.

Kevin Parkinson explained that the Committee should be receiving the report. He suggested the report could be appended to the Quality Update.

75/17 SOUTH CUMBRIA CYP MH TRANSFORMATION FUND

ALLOCATION

Julia Westaway explained she had come to request the Committee's guidance on how to proceed due to funding restraints as there were new decisions which needed to be thought through. Cumbria CCG had not invested the majority of its Transformation Fund in 2015/16 or 2016/17 due to the financial restraints the CCG were under. Julia Westaway specified she was asking for direction, not an agreement for funding.

Discussion followed and Andy Maddox stated it was important to have equity and consistency across Morecambe Bay. Andy Knox felt there was need for a wider conversation as to why our children's mental health issues were increasing. Andrew Bennett added there was a moral imperative to invest. Julia explained that she has some concerns regarding the level of detail provided in the draft business cases and will be working with CPFT to ensure that the proposals are robust.

It was felt there was an opportunity to do some comparison work and put some constructive challenge to Cumbria Partnership Foundation Trust. It was agreed to commit to challenging the paperwork, but the CCG could not agree at this time to agree any expenditure.

76/17 ASD DIAGNOSIS FOR CYP IN LN

Julia Westaway highlighted the issues faced in Lancashire North for ASD diagnosis for children and young people. UHMB are doing a validation exercise on their waiting list and she was waiting to hear back from the Trust.

Julia continued that she had taken some procurement advice and wanted agreement to use the £40,000 remaining from the MH Transformation Fund to fund LCFT to do some initial work up of cases referred since April 2016 and to work with schools, however given the financial situation the CCG was in, she needed to seek agreement.

Discussion followed and Cliff Elley didn't feel the CCG was in a position to fund. After Andrew asked how much work was required to procure a service, Julia provided clarification.

It was agreed to go ahead for LCFT to do some validation work and carry out some observations to give a better understanding of the waiting list. Andrew highlighted the need to stop waiting lists from building up.

77/17 ITEMS FOR THE NEXT AGENDA

Andrew Bennett explained that Dr Malcom Ridgway - STP lead for Primary Care and Stephen Gough – Manager, Primary Care, NHSE would be attending the next meeting and will be looking at the work around the Primary Care agenda.

78/17 **ANY OTHER BUSINESS**

- a) **MOU with Lancaster University** – Alex Gaw outlined that Geoff Jolliffe is happy to lead with administration support from Clare Sewell. It would be a commitment of 4 hours every quarter and would build on a case by case basis. It will be brought back for formal commitment. Alex Gaw confirmed there was no money commitment for this it was a time commitment.

Jim Hacking left the meeting, excluding himself from the discussion regarding the ETTF.

- b) **ETTF** – Kevin Parkinson explained that there was a legacy issue from Cumbria CCG for an ETTF bid in Milnthorpe. Cumbria CCG's line was that it had to be revenue neutral. It now appears that the amount of ETTF on offer to this scheme from NHSE results in the scheme not being revenue neutral.

After discussion it was agreed that in the circumstances MBCCG would support on the same basis as Cumbria CCG had approved with the stipulation that the scheme had to be revenue neutral which means that the scheme cannot proceed without changes to the content as currently planned. It was also agreed to have a wider decision led by Kevin Parkinson regarding ETTF and premises across Morecambe Bay at its June meeting.

79/17 **DATE AND TIME OF NEXT MEETING**

Tuesday, 30 May 2017 at 2.00pm in the Silk Room, Moor Lane Mills, Lancaster.