

Minutes ratified on
27 June 2017

**MINUTES OF A MEETING OF THE
EXECUTIVE COMMITTEE
Tuesday 13 June 2017 at 2.00pm
Silk Room, MLMs**

PRESENT:

Andrew Bennett	Chief Officer
Dr Cliff Elley	GP Executive Lead – Commissioning
Hilary Fordham	Chief Operating Officer
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

Action

80/17 APOLOGIES FOR ABSENCE

Apologies of absence were received from Lauren Dixon, GP Executive Lead – Women and Children.

81/17 DECLARATIONS OF INTEREST

Declarations of interest were made by Clinical Executives relating to item 87/17 – QIS Achievement, 88/17 – Enhanced Primary Care Scheme 2017-18, 89/17 Enhanced Primary Care/QIS 2018-19, 90/17 – General Practice Development Programme 2017-2022 and 91/17-GP5YVF investment and also Margaret Williams relating to item 85/17 – Lancashire County Council's Public Health 0-19 Healthy Child Programme on-line market Consultation, 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.

82/17 **MINUTES OF THE MEETING OF HELD ON 9 MAY 2017**

The notes of the meeting held on the 9 May 2017 were agreed as a correct record. Andy Maddox asked, with regards to the rearrangement of Stephen Gough and Malcolm Ridgeway attending the meeting, what had happened and Andrew Bennett advised that he would pursue this as it had not been actioned following the cancellation of the meeting on the 30 May 2017.

83/17 **MATTERS ARISING INCLUDING REVIEW OF THE ACTION SHEET**

Action Sheet

The action sheet was reviewed and updated as follows:-

52/17 – **Morecambe Bay Prescribing Work Plan 2017/18** – this item was ongoing and it was agreed it would be removed and items brought back to the Executive at an appropriate time for agreement.

60/17b – **Better Care Together** - this was on the agenda. No formal letter had been written at this stage. Alex had received some information from Claire Molloy regarding the services which were in scope and he would share this with the Executive Group. **AG**

63/17 – **Future of Commissioning** - this item was continuing and it was agreed that an update would be brought back to a meeting in July.

84/17 **STANDING ITEMS**

a) Quality update

Margaret talked through the paper that had been issued to the Executive Committee and pulled out three issues firstly, the situation with regard to Care Homes in the regulated care sector particularly in Kendal. This generated discussion and debate regarding the model of service support that needed to be put in place. This work is continuing with Margaret leading supported by Hilary in terms of the different levels of support that were required. She also highlighted the expected OFSTED monitoring visit which will focus on Children Looked After in Lancaster in July and the expected production of the outcomes of a Serious Case Review which were expected imminently. Third item she highlighted was the helpful discussion that had taken place with North Lincolnshire & Goole NHS Foundation Trust regarding their current situation of being in Special Measures and the learning that had been accrued within the Morecambe Bay which they gained from.

b) STP

STP Update – Andrew circulated and talked through an updated Governance Chart which was being put forward by Amanda

Doyle for Governance of the STP across Lancashire and South Cumbria going forward. Whilst this was a proposed structure it was likely that it would be implemented but, it was fair to say that, following the General Election Result, all STPs were awaiting clarification on the next steps for their development.

Andrew updated his position with regard to the STP and the fact that he had agreed to undertake one day a week working for the STP to look at how commissioning at the various different levels within an STP should operate. He was in the process of developing a Paper which would be presented to the JCCCG regarding devolved decision making. That paper would then come to Governing Bodies for them to make a decision as to whether they wished to delegate their decision making to the JCCCG. There was to be some development sessions in the coming months. The first one was to be for Chairs, Accountable Officers or Chief Executives and Lay Members and that is likely to happen in July.

In discussion of the Governance Framework it was pointed out that, whilst there were joint decision making possibilities through the JCCCG between CCGs across the STP Footprint, there was no joint decision making capability across the whole of the STP Health and Social Care Community. This may make decision making regarding difficult issues for example fragile services more difficult to manage. This was an issue that was recognised that would require a solution in the coming months.

c) Better Care Together

Andrew updated the group that the ACS Leadership Team had not been meeting on such a regular basis since April but this would commence again shortly with a workshop session on the 22 June 2017 looking towards what the system should look like come April 2018.

85/17 LANCASHIRE COUNTY COUNCIL'S PUBLIC HEALTH 0-19 HEALTHY CHILD PROGRAMME ON-LINE MARKET CONSULTATION

Julia Westaway attended for this Item. She had written a summary paper of the consultation process and the four service specifications which had been issued for consultation. It was stressed that the changes that were being suggested by Lancashire County Council were not as dramatic as those that had been seen in Cumbria so this might give some reassurance to CCGs. However it was acknowledged that there was little costing detail within the service specifications and there was considerable concern that, once the costing envelope was available, providers would not be able to provide the level of service outlined within the service specification and this may lead to further reductions in the services which were available. The Executive discussed the paper that Julia had written and the service

specifications and made a number of helpful comments that were recorded and would be developed into a CCG response to the Consultation to be submitted by Friday, 16 June 2017.

Andrew updated the group that the Collaborative Commissioning Board (CCB) had discussed this particular development that morning. The issues that had been raised were that Chief Officers felt they had been surprised regarding this piece of work and had not known about it beforehand. Hilary pointed out that it had been discussed a number of times through the Children and Young People's Commissioners Network so should have been informed via their attendees at that forum.

Concern had been raised regarding the absolute requirement to re-procure the service when other models of provision might be considered for example; joint bids had been suggested rather than a simple, single provider across the STP footprint or the Lancashire footprint.

It was also noted that there was no, or little mention of neighbourhoods or integrated care communities as part of the service specifications and the CCB and the CCG wished to see this included within the service specifications so that there was an embedding within the local neighbourhood approach.

It was agreed that any further comments would be submitted to Julia by the end of the day on the 15 June 2017 so that she could develop a response to be submitted by the end of the day on the 16 June 2017. It was also reconfirmed that the Children and Young People's Network would discuss this again at its meeting on the 14 June 2017.

86/17 **FINANCE**

Kevin Parkinson gave an update on three items. The position with regard to 17/18 was that, although it was early in the year, the reported expenditure appeared in line with budgets at the present time.

He then updated the Executive on the work that PWC were now undertaking for the health community. There had been a number of meetings with them to discuss the three year plan that they were producing for the Health Economy and also the areas of work that they felt could be accelerated to support the financial position in 17/18. Those meetings had been clinically led and included a meeting with the Clinical Executive and the Lancashire North ICC Leads. Further meetings were planned for the South Cumbria ICC Leads and a range of other Clinical Leads.

Kevin updated the Executive that there had been an outcome to the arbitration process which had been on-going regarding LPM within the Cumbria area which related therefore to the 16/17 position between Cumbria CCG and UHMBT. There had been a split in the findings leading to a largely 50/50 split between the two Organisations, UMBHT

and the CCG. Because the findings had only been issued after the accounts had been completed there would be a financial impact for UMBHT in 17/18 as a result of the findings. There would also be a financial impact related to the CCG. This may mean that this was passed to Morecambe Bay CCG, as the area affected was now part of the Morecambe Bay patch and not the North Cumbria patch.

Kevin then went on to update the Executive regarding the Capped Expenditure Process (CEP) and what had happened since the last meeting of the Executive. He updated the Group that a Sustainability Board had been set up consisting of Chief Executives and Directors of Finance with Chairs at every third meeting. The Governing Body would be updated on the process as well as part of an informal Governing Body Meeting during June. There was a wide ranging discussion in the Executive regarding the CEP and the returns which the CCG was being expected to put to NHS England and the likely implications. This would be discussed further at the Governing Body Part 2 Meeting and again at the next Executive.

87/17 **QIS ACHIEVEMENT**

Jim Hacking presented the paper which set out the achievement related to the Quality Incentive Scheme (QIS) for Cumbria CCG which included the South Cumbria Practices, now part of Morecambe Bay, as well as the North Cumbria Practices. There had been some significant improvements in the performance measures which had been part of the QIS and Jim suggested that this might form a basis for a future scheme across Morecambe Bay.

It was confirmed that the QIS was to continue during the 17/18 Financial Year but together with the enhanced Primary Care Scheme for Lancashire North there needed to be a resolution to scheme for 18/19.

88/17 **ENHANCED PRIMARY CARE SCHEME 2017-18**

Cliff Elley updated the Group that whilst the Enhanced Primary Care Scheme (EPCS) had been carried forward for Lancashire North Practices there was now an issue related to the unscheduled care element, as the National DES which related to care planning had been withdrawn and this meant that the extra 1% of care planning which had been expected by the CCG as part of its EPCS was not related to anything else. Cliff raised the fact that there had been some concerns raised about this and there was a need for clarification. It was confirmed that guidance had now been received on the replacement for the National DES. The funding had been put into the GMS Global sum and there was an expectation that practices undertake care planning related to the frailty pathway. This fitted very well with the frailty pathway that was being developed by the frailty Group as part of Better Care Together. It was felt that the extra 1% could be added to the care planning that was expected as part of that new guidance and it was agreed that Hilary and Jim would develop some wording which related

HF/JH

to that which could be communicated to all practices. It was further agreed that this would be discussed at the Locality Meeting on 14 June 2017.

A question was raised with regard to peer review in relation to the planned care service specification and whether this was continuing as practices were not receiving data analysis. It was agreed that this would be looked into but there needed to be an agreed way forward as to how data was presented to practices and to GPs so that it was easily accessible. It was agreed that any amendments to the EPCS should be notified to the LMC.

CE

89/17 **ENHANCED PRIMARY CARE/QIS 2018-19**

Kevin Parkinson led a discussion regarding the approach that should be taken to ensure that there was an Enhanced Primary Care or QIS Service that was unified across the Bay for 2018/19. He wished to have this agreed by Christmas 2017 which would give practices the opportunity to prepare appropriately for April 2018. Significant discussion took place on the approach. It was believed that there should be a number of principles which underpinned the development. These would include co-production and ensuring that there was evidence base to whatever was agreed. It was agreed that Federations and LMC should be involved in the discussion as should Geoff and Alex as they had development of primary care within their portfolios and Jim and Cliff should be involved because of their work on urgent care and planned care. After significant discussion it was agreed that Kevin Parkinson would write a one page summary of an approach for circulation and discussion.

KP

There was then a discussion regarding the Quick Start Programme which the Clinical Executives had seen a presentation on and whether this would be a good way to help General Practice to continue its development programme. This related to items 90/17, General Practice Development Programme and item 91/17 the GP Five Year Forward View Investment.

90/17 **GENERAL PRACTICE DEVELOPMENT PROGRAMME 2017-2022**

Leading on from the previous discussion Kevin Parkinson outlined the background to the development of the General Practice Development Programme and it was agreed that there were a number of items that may benefit from support in funding related to the General Practice Five Year Forward View investment. These included particularly development and resilience of primary care and addressing unwarranted variation. It was stated that the plan had been developed jointly by the two Federations. The LMC was aware of it and it had been through both of the Federation Boards and was agreed as a plan to present to the CCG. The Executive agreed to support the plan.

91/17 **GP 5YFV INVESTMENT**

The Five Year Forward View Investment was discussed. Kevin Parkinson gave the background to this which was, that in the Five Year Forward View for Primary Care, there had been an announcement that £3 per head should be used to support primary care transformation, stimulation of increased access (8 to 8) and implementation of the high impact changes for primary care. There needed to be an agreement as to how the funding would be spent. It was £3 per head over two years but there was scope to adjust this as to the phasing of the funding programme depending on need. There was discussion as to whether or not the Quick Start Programme, discussed in the previous item, would be a useful and sensible call on the money as it would help practices to develop and to transform. After significant discussion it was agreed that Kevin Parkinson would write to the LMC and to the Federations as representatives of primary care to set out the things that the CCG was considering and to ask what was their thinking on the use of the funding.

KP

92/17 **OUT OF HOSPITAL – LEADERSHIP PROPOSALS UPDATE**

This Item was deferred to the next meeting.

93/17 **WORKING WITH LMC/ICC/FEDERATION LEADERS**

It should be noted that ICCs should not be included in this title as this meeting was not about ICC Development but about Primary Care in particular.

Kevin Parkinson updated the Executive on the first meeting which had taken place between the two Federations, the LMC and representatives of the CCG. It had been a very constructive meeting setting out where each of the Organisations were coming from in their relationship with Primary Care and setting out the common ground which they held between them in terms of the need to develop primary care. It had been agreed that this would continue as an informal forum for the parties to meet to discuss issues that pertain to primary care where an agreed way forward may be necessary but taking into account that the representatives were of organisations that may have differing views and roles to play. The Executive would be kept informed of the developments going forward.

94/17 **ESTATES STRATEGY**

The Estates Strategy was deferred to a further meeting.

95/17 **CLINICAL LEADS UPDATE**

The Clinical Leads Update would be circulated by email and then a discussion could take place at the next meeting regarding the unfilled posts.

96/17 **CUMBRIA PARTNERSHIP FT UPDATE**

Andrew updated the Executive with regard to Board level changes within CPFT and a number of meetings which had taken place regarding services which CPFT provide.

97/17 **ANY OTHER BUSINESS**

There were no items of Any Other Business

98/17 **DATE AND TIME OF NEXT MEETING**

Tuesday, 27 June 2017 at 2.00pm in the Silk Room, Moor Lane Mills, Lancaster.