

East Lancashire Clinical Commissioning Group

Agenda Item: 4.6

REPORT TO:	GOVERNING BODY	
MEETING DATE:	23 November 2015	
REPORT TITLE:	Sub Committee Summary	
SUMMARY OF REPORT:	<p>This report summarises each Sub-Committee meeting of the Governing Body. Full copies of all minutes are available from the Board Secretary on request.</p> <p>The report identifies:</p> <ul style="list-style-type: none"> ▪ Items requiring approval from the Governing Body ▪ Advises on delegated decisions taken ▪ Reports on key decisions ▪ Highlights items of particular interest or potential risk. 	
REPORT RECOMMENDATIONS:	<p>a. Ratify and endorse the delegated decisions taken by the Sub Committees;</p> <p>b. Receive the monitoring information on key decisions;</p> <p>c. Be advised of the items of particular interest or risk;</p> <p>d. Receive the Stakeholder Committee minutes for information.</p>	
FINANCIAL IMPLICATIONS:	None	
REPORT CATEGORY:	Formally Receipt	Tick √
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	<p>Anne MacLeod Corporate Administration Manager</p>	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	<p>Angela Brown Director of Corporate Business</p>	
OTHER COMMITTEES/ GROUPS CONSULTED:	Content discussed at Local Delivery Group, Quality & Safety Committee & Primary Care Committee.	
EQUALITY ANALYSIS (EA)	Has an EA been completed in respect of this report?	N
RISKS:	Have any risks been identified / assessed?	Y
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	Y
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	
2	Optimise appropriate use of resources and remove inefficiencies.	
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

**NHS EL CCG Governing Body
23 November 2015**

SUB COMMITTEE SUMMARY OF BUSINESS

1. INTRODUCTION

- 1.1** This report summarises each sub-committee of the Governing Body and identifies:
- Items requiring approval from the Governing Body
 - Advises on delegated decisions taken
 - Reports on key decisions
 - Highlights items of particular interest or potential risk.

Full copies of the minutes are available from the Board Secretary on request.

2. SUB COMMITTEES

2.1 Audit Committee: 19 October 2015 – Chair : Tom Wolstencroft

The minutes of the 19 October 2015 are attached in full at Appendix A.

2.2 Local Delivery Group: 12 October 2015 - Chair : Dr Mike Ions

The Group discussed issues relating to the following areas:

a. Items requiring approval from the Governing Body : NONE

b. Delegated decisions requiring ratification by the Governing Body

▪ **Patient Transport Service Procurement**

Following a 12 month period of planning, preparation, engagement and procurement, the final evaluation report of the procurement process was presented to the Patient Transport Service (PTS) Programme Board on 5 November 2015. The report and a recommendation was circulated to Lancashire CCGs on 6 November and they were asked to provide a response to Blackpool CCG as commissioning lead before 30 November 2015 to meet the procurement and mobilisation timelines agreed.

The recommendation of the PTS Programme Board and Blackpool Ambulance Procurement Team is that Bidder 1 is confirmed as the preferred bidder and that contract discussions commence with the Bidder. The LDG endorsed the recommendation of the appointment of Bidder 1.

▪ **Service Redesign – Treatment Room Service**

The purpose of the report was to seek support for the next steps following the review of the Treatment Room Service. The intention is to move forward with a new model for Treatment Room provision co-designed with existing providers. The intention is to integrate Treatment Rooms with the Integrated Neighbourhood Team offer supporting care closer to home and aligned with Urgent Care and Primary Care access.

Following a detailed discussion members supported the recommendation to undertake service redesign and the procurement of Treatment Room services with ELHT and Primary Care providers

c. Reporting on key decisions

▪ Financial Position

Members received an update on the financial position confirming the CCG was on plan to achieve the financial targets. There was uncertainty as to what the spending review would outline, however it was anticipated there would be pressure on CCGs to increase its surplus going forward. Funding would be utilised to support providers, including primary care to ensure the community IT system is in place.

▪ Cancer Update

Members received a presentation from Dr Neil Smith who outlined new initiatives in cancer care over the next few years. The cancer strategy focuses on six key areas and it was recognised the new guidance on assessment would increase the workload in primary care in respect of initial investigations. Dr Smith considered GPs as responsible gatekeepers and by carrying out initial investigations could ultimately reduce the number of referrals.

▪ GP in Urgent Care Centre

The report detailed the outcome of a review of the GP pilot scheme in the Burnley Urgent Care Centre (UCC). This fits with the overall Urgent Care Review which will determine the future model of primary care support.

▪ ELMS Satellite Clinic

The report outlined recommended changes across a range of ELMS services in light of significant service pressures being experienced. Satellite sites for Out of Hours were experiencing similar pressures in terms of staffing levels as the GP in UCC and specific issues relating to split shift coverage and pressures on the GP advice service.

Members supported the recommendation to allow flexibility in the ELMS contract and negotiate any changes required to sustain services over the winter months and test a revised model, ensuring there is cross Federation discussion going forward.

▪ Urgent Care Update

A review of Urgent Care had been undertaken nationally which identified the urgent care system was in crisis last winter due to the large increase in the number of contacts and national evidence suggests this is related to patients being unable to access GPs. The urgent care and emergency system was to be reviewed by 2017 and a vision and timeline for plans was detailed, together with key areas of work to be implemented.

▪ Dermatology Update

A verbal update was provided, noting that a full report would be presented to the November meeting detailing collaborative working across a number of areas and clinical leadership would be provided to support this work. The Medical Director at ELHT had attended the first meeting of the working group and there was a need to establish a Task and Finish Group to take this work forward.

A presentation was presented to the November meeting confirming that the redesign is progressing well against the initial gateway set by the Governing Body.

- **Transforming Care Plan**
Lancashire and Greater Manchester had been chosen as one of five Fast Track areas by NHS England. A £10m fund had been allocated and a transformation plan identified how fast track areas would bid for funding, how funding would be utilised prior to March 2016 and how funding would be matched by local spend during the financial years 2015/16 and 2016/17.
Members approved the Plan to develop the required transformation programme and agreed the financial bid and the CCGs share of the matched funding.
- **Pandemic Flu**
Members received an update on pandemic flu planning and arrangements in place, noting the requirement for further updates from NHS England regarding Pharmacy arrangements.
- **Refer-to-Pharmacy**
Members supported the request for funding of an ongoing licencing fee. The scheme had been piloted in EL in collaboration with BwD CCG and evidence identified that financial benefits would be seen from the scheme and the University of Manchester would support the research on this project.

d. Items of particular interest or risk : NONE

2.3 Quality & Safety Committee: 14 October 2015 Chair : Michelle Pilling

The Group discussed issues relating to the following areas:

- a. Items requiring approval from the Governing Body : NONE**
- b. Delegated decisions requiring ratification by the Governing Body : NONE**
- c. Reporting on Key Decisions**
 - **Primary Care Quality Proposal**
A presentation provided details of the Quality Strategy for primary care which was being led through a Primary Care Task and Finish Group. The outcome would be the development, implementation, monitoring and on-going review of a Quality Framework for General Practice. The process would be divided into four stages ie: *no action *support *recovery *performance. Following a review, each Practice would be scored against the level of action required. It was agreed that Safeguarding and Medicines Management would be involved at the start of the process to enable the appropriate support to be provided.
 - **Integrated Business Report**
Members received a comprehensive report outlining contract performance, quality premium and quality indicators and key issues were highlighted.
 - **2015/16 CQUIN**
The paper outlined EL hosted provider performance against the CQUIN indicators for Q1. Members supported the recommendations to release payment as outlined and withhold payments where the CQUIN had not been achieved.
 - **Serious Incident Review Group**
12 reports were review in September from Provider organisations, five of which were approved for closure and seven were returned to the provider organisations

with queries. A number of extension requests were approved and the outstanding Root Cause Analysis reports for ELHT had now been cleared.

- **Healthcare Associated Infections (HCAI)**

The report provided an update on the current position in terms of MRSA, c Diff, MSSA and EColi infections allocated to EL CCC. Concerns had been expressed that over prescribing of antibiotics within primary care was a contributory factor to the repeat MRSA case. Members were advised that Dr Ian Whyte was the antibiotic champion for the CCG, as antimicrobial prescribing is part of the CCG Performance Indicators and was monitored through the Quality Contract Meetings with providers. The CCG had also funded a Senior Infection Prevention Nurse to provide support to practices and providers.

- **Q1 CQUIN – Calderstones**

Members approved payment of the Q1 CQUIN milestone that had been met noting that further information was required to allow reconciliation of the outstanding indicator.

- **Primary Care Workshop**

In order to have an understanding of the 'out of hospital' workforce, so as to best plan and deploy workforce and education investment, Members received a report outlining the results of a workforce data capture exercise targeted at General Practice, drawing on national and locally collected data enabling benchmarking in the North West.

- **Physician Associates Model Sponsoring Organisations**

The paper outlined progress on the NW Physician Associate (PA) pilot programme. EL and BwD CCGs and ELHT had developed an Expression of Interest for ten Physician Associate to work in primary care. The bid had been successful and it was intended that five PAs would work in ELHT, two in BwD and three in EL CCG. Health Education NW were currently interviewing for these roles with a view to commencing in February 2016. Three training Practices need to be identified to undertake training from June 2016 and a paper would be presented to the Senior Management Team and Executive Team outlining the financial implications.

- **Maternity Review**

Members received the Maternity Review Stakeholder Return which was to be presented to the Lancashire Quality Surveillance Group as recommended by the Kirkup Investigation at Morecambe Bay. The report provided evidence of quality assurance for maternity care as well as benchmarking performance. The feedback would be reviewed to identify next steps and where the CCG sits in comparison to other CCGs.

- **Information Governance Policy : Procurement Strategy : Safeguarding Policy**

The Procurement Strategy was resubmitted following a request for a flow chart depicting the decision making process that the CCG would go through if it went to procurement. The work of the IG Administrator was acknowledged in ensuring the CCG is compliant with information governance. The policies were approved.

- **Career and Engagement Hub**

The paper was presented for information and provided details of a Career and Engagement Hub established by Health Education NW to promote health careers and employment opportunities across the health economy. An Expression of Interest was to be submitted on behalf of EL and BwD CCGs and ELHT to secure

an additional staff member to work with local schools and colleges to promote careers in health.

d. Items of Particular Interest of Risk : NONE

**2.4 Primary Care Committee : 21 September 2015 – Chair : David Swift
The October meeting was postponed.**

The Group discussed issues relating to the following areas:

a. Items requiring approval from the Governing Body : NONE

b. Delegated decisions requiring ratification by the Governing Body : NONE

c. Reporting on Key Decisions

▪ **Extended Appointments for Patients over 85 Years in Rossendale**

The report outlined proposals for Rossendale GPs to provide extended appointments of 20 minutes as standard to their patients aged 85 and over who are able to attend the Practice, therefore improving the care of older people, promoting independence and reducing avoidable admissions. Benefits of the scheme provided time for a more thorough assessment of patient needs in one consultation and better record keeping, resulting in improved outcomes for patients and carers and improved patient satisfaction. It was recognised there are multiple schemes across the localities and there was a need to measure outcomes to understand the impact of these on admission avoidance from a locality perspective and across the CCG. Members supported the proposals for the Rossendale locality.

▪ **Quality Improvement Plan**

Members received a presentation outlining a proposal for the development of a Primary Care Quality Strategy, including a process for the monitoring review, support and escalation of quality issues relating to General Practice. A Task and Finish Group had been established to take this forward, reporting to the Quality & Safety Committee and membership was also outlined. The process for monitoring was outlined with particular reference to the collaborative working between Practices within localities to develop a process for peer reviewing, noting that some of this work was underway.

▪ **PMS Review**

The report provided an update on the current position relating to PMS contract reviews and outlined next steps. A number of practices are providing enhanced services over and above the core contract and the CCG are working closely with PMS practices to develop a deeper understanding and to consider the continued commissioning of these services through reinvestment of the PMS premium or review if the services are being delivered elsewhere. The CCG Members supported the process of negotiating with practices to ensure they fully understand the position and to ensure practices receive ongoing support to change the way they continue to deliver services.

▪ **Delegated Function Self-Certification**

The report provided an outline of the CCG assurance process and the requirement to submit a self-certification return to NHS E by 2 October regarding the delegated functions which the CCG took responsibility for from April 2015. The revised process focusses on five key areas and the Director of Corporate Business meets with NHS E on a monthly basis to provide assurance against the key areas.

Members approved Chair's Action for completion of the document to ensure submission by the due date.

2.5 Locality Steering Group Summaries : Chair – GP Clinical Leads

Locality summaries are attached at Appendix B.

3. STAKEHOLDER COMMITTEES

The following Stakeholder Committee minutes are attached at Appendix C for information.

- Lancashire Health & Wellbeing Partnership : 29 September 2015
- CCG Network : 27 August and 24 September 2015
- Pennine Lancashire System Leaders Forum : 9 September 2015

4. RECOMMENDATIONS

Members are asked to:

- a. Ratify and endorse the delegated decisions taken by the Sub Committees;
- b. Receive the monitoring information on key decisions;
- c. Be advised of the items of particular interest or risk;
- d. Receive the Stakeholder Committee minutes for information.

ANGELA BROWN
Director of Corporate Business