

East Lancashire Clinical Commissioning Group

Agenda Item: 4.6

REPORT TO:	GOVERNING BODY									
MEETING DATE:	28 September 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:	<table border="1"> <tr> <td>Formally Receipt</td><td>Tick</td></tr> <tr> <td>Action the recommendations outlined in the report.</td><td>√</td></tr> <tr> <td>Debate the content of the report</td><td></td></tr> <tr> <td>Receive the report for information</td><td></td></tr> </table>	Formally Receipt	Tick	Action the recommendations outlined in the report.	√	Debate the content of the report		Receive the report for information		
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AUTHOR:	<p>Anne MacLeod Corporate Administration Manager</p> <table border="1"> <tr> <td>Report supported & approved by your Senior Lead</td><td>Y</td></tr> </table>		Report supported & approved by your Senior Lead	Y						
Report supported & approved by your Senior Lead	Y									
PRESENTED BY:	Angela Brown Director of Corporate Business									
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
28 September 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: 17 August 2015 – Chair : Tom Wolstencroft

The minutes of the 17 August 2015 are attached in full at Appendix A.

**2.2 Local Delivery Group: 10 August & 14 September 2015 - Chair : Dr Mike Ions/
Mark Youlton**

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**

- **Financial Position**

Members received an update on the financial position to the end of July 2015. There are challenges relating to the delivery of QIPP and the recent information from ELHT identified an overspend due in part to the discharge of some long stay rehabilitation patients.

- **Cancer 62 Day Improvement Plan**

The report confirmed the CCG had failed the Q1 target and key actions were highlighted in the report, together with the Business Assurance Plan which had been in place since November 2014. New NICE guidance has recently been issued which identifies shorter timescales from referral to treatment. It was considered this will have a significant impact on Cancer resilience and the CCG and ELHT are working through this. Work was underway to help patients to understand the importance of attending appointments

- **Primary Care Access Update**

Members received a report detailing the use of extended hours over the Easter and May Bank Holiday period. It was noted the additional Primary Care capacity was under-utilised and had not supported a reduction in attendances in A&E. Members therefore agreed not to commission this again for the August Bank Holiday. It was also agreed that additional capacity needs to be developed in a structured way

through the Primary care Access programme. Discussions were also ongoing with ELHT and EL Medical Service to ensure Urgent Care Centres are adequately staffed

- **A&E Recovery Plan**

Following poor performance within the Emergency Department at Royal Blackburn Hospital, a complex Recovery Plan had been developed outlining the work ongoing and provided details of short term transformation projects. The Systems Resilience Group will meet on a monthly basis to support delivery of the plan. Progress would be presented to the November meeting of the LDG in advance of the Christmas period.

- **Primary Care Rebate Policy**

The CCG has subscribed to PrescQIPP NHS Programme and as a result can receive governance support on a variety of issues. One element of this work includes assessing primary care rebate schemes through a robust system. Members agreed to adopt this process for future proposed rebate schemes.

- **Clinical Pharmacists GP Pilot**

Members received details of an NHS England Pilot testing innovative workforce models designed to support general practice, with the intention of investing funding over the next three years to test this new patient-facing role in which clinical pharmacists have extended responsibility over and above many current ways of working. A proposed model was considered which would be presented to the Primary Care Committee for sign off.

- **Advice & Navigation Scheme**

Members received a presentation outlining the current role and function of the Advice and Navigation Service. Members would like to see this as part of the service redesign of elective care and to support referral management and QIPP delivery. The Service specification would be reviewed further at the December LDG.

- **Commissioning Intentions**

Members received a presentation outlining the Commissioning Intentions, which would include a refresh of the Cases for Change and transformational work supported by the Pennine Lancashire Transformation Board. It was recognised that transformation of services is required to deliver significant quality and productivity improvements and engagement with the public was required in relation to proposed change to services.

- **Pennine Lancashire Clinical Navigation Hub**

Members approved the proposal to extend the navigation hub to operate on a 7 day basis effective from September, for a period of 12 months followed by a collective review with other services.

September 2015 – Chair: Mark Youlton

- **Financial Position**

Members received an update on the financial position as at month 5. It was noted there was a requirement to submit commissioning intentions by the end of September, although full financial information was not available until November.

- **Integrated Discharge Service**

A report and presentation was provided detailing progress to date on the Integrated Discharge Service (IDS). A service model specification has been developed and was provided to the members for review. Next steps include the development of a business case in September, communication with stakeholders and patients in the forms of leaflets and presentations during September and October and finalisation of a specification for “Front Door” element of service including in-reach into Emergency Department and remodeled Acute Medical Unit. The members were requested to note the report, review the Service Specification and Service Model requirements and receive the IDS presentation.

- **Full Commissioning Intentions**

The report outlined the commissioning intentions in terms of the strategic context and how these will be taken forward. Detailed information was presented in relation to Primary Care and Paediatrics. There was a requirement for dialogue between providers and once responses have been received from providers the report will be presented to Governing Body.

- **Project Milestone Tracker**

This document was introduced to provide a less subjective and more accurate review of the current position in relation to workstreams in comparison to the previous report supplied to the QIPP meeting. A proposed template was provided with the explanation this would be populated at the beginning of the year with ongoing monthly updates supplied. It was agreed the report would be submitted to Governing Body on a quarterly basis.

- **Emergency Planning Resilience and Response – NHS England Core Standards Submission**

The purpose of the report was to provide the group with details of ELCCG’s submission against the National Core Standards for Emergency Planning, Resilience and Response.

A Pandemic Influenza plan had been prepared with a test exercise scheduled to take place in February 2016.

- **Paediatrics Update**

Dr Bhat updated Members with details of ongoing workstreams and the delivery plan for the Pennine Lancashire Paediatric Pathways Group. The aim was to reduce the number of paediatric admissions to A&E and to look at the way admissions were coded. Consideration is also to be given to service re-design.

The members were asked to support the Pennine Lancashire Paediatric Pathways Group and associated projects. Dr Bhat was invited to attend LDG in two months’ time once further analysis of detailed data in relation to non-elective admissions to A&E had taken place.

- **IPA Framework**

The report detailed the work undertaken to date on policies to ensure they are current, appropriate and up to date. It is essential that a consistent approach to

commissioning requirements and decision making across the area is maintained. Members approved the report.

- **Parkinson's Nurse Update**

The report provided background information and progress to date on the Parkinson's Nurse Project. Detail was provided regarding progress against the set objectives, noting that positive feedback had been received from GPs, Consultants and health professionals. A final report on the project is due in March 2016. The group was asked to support the implementation of a full service from August 2016. A business case was to be developed detailing who would host the scheme, the sustainability of such a scheme and any potential savings in terms of reduced admissions or reduced need for care. This report is to be submitted to LDG in March 2016.

- **Retrospective Previously Unassessed Periods of Care (PuPOC) Claims - Review Trajectory**

An update was provided on actions taken since the CSU had been commissioned to assist in the PuPOC process to enable national deadlines to be met. All cases were to be reviewed by September 2016 and an action plan provided details of how deadlines would be met. Members noted the contents of the report and supported the action taken.

d. Items of particular interest or risk : NONE

2.3 Quality & Safety Committee: 12 August & 9 September 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

- **Integrated Business Report**

Members received a comprehensive report outlining contract performance, quality premium and quality indicators and key issues were highlighted.

- **Mental Capacity Act (MCA) & Deprivation of Liberty Safeguarding (DOLS)**

Members received a detailed update relating to the Mental Capacity Act and Deprivation of Liberty Safeguarding.

- **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**

In July the Group received 51 Root Cause Analysis reports submitted from Provider organisations. Due to the significant numbers involved, two meetings were held in July and a number of reports were deferred for review in August.

- **Q1 Serious Incident Report**

A number of serious incidents had been reported in Q1, however themes and trends were not currently available and would be included in the Q2 report. It was noted there had been an increase in 'slips, trips and falls' at ELHT and a Falls Collaborative was being arranged to improve this.

- **Soft Intelligence**

The report provided details of the service issues received via the Connect system during Quarter 1. The top 5 themes were discussed, with positive feedback being the top item. The Chair reported that general practice have spoken highly of the scheme and Healthwatch were developing their systems to identify positive and negative trends.

- **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. It was noted that reporting systems are improving and trends would be included in future reports. There were concerns that GPs are being advised not to become involved in dental pain treatment and this would be further discussed at the next HCAI meeting.

- **Female Genital Mutilation (FGM)**

It was recognised that children are at risk of FGM during the summer holidays as they will undergo the procedure at the start of the holidays and have enough time to recover before returning to school. Information has been shared with all GPs across East Lancashire. Training modules are available on the e-learning system and ELHT have processes and training in place. Work was also ongoing with schools around identifying children at risk.

- **Procurement Strategy**

The Strategy had been developed to ensure compliance with all relevant procurement legislation and was presented for ratification. Members discussed the decision making process and acknowledged that engagement and discussion needs evidencing. The strategy was to be updated to reflect the engagement process and resubmitted to the next meeting for ratification.

- **Health Education NW**

The report detailed national and local updates on Continuing Professional Development. Members were advised of work ongoing regarding new care models and vanguard sites, including primary care student placements across the North West.

- **Health Visitor Update**

Following concerns raised by GP leads regarding a change in HV provision which would mean a withdrawal of HV provision for Practice clinics, a Health Visitor Task Group had been established. The report provided an update confirming that Lancashire Care Foundation Trust (LCFT) had been engaging with GP practices and nurses in EL. It was agreed that the 'pause' in LCFT plans would remain in place until there is full agreement with any proposal to change HV delivery locations. Members would be kept updated on the position and further discussions would take place at the forthcoming Exec Team meeting between the CCG and LCFT.

- **Patient Safety Concern**

Members were made aware of a company using persuasive techniques to encourage vulnerable patients to buy supplements and were obtaining bank

details. NHSE had written to the CCG and GPs are being advised to raise awareness with their patients.

September 2015

- **Integrated Business Report**
Members received a comprehensive report outlining contract performance, quality premium and quality indicators and key issues were highlighted.
- **ELHT Emergency Department update**
Members received a detailed update following the ELHT Emergency Department Quality Review Meeting held on 19 August 2015, noting that significant improvement had been made since this
- **Serious Incident Review Group Recommendations**
15 reports were submitted during August 2015. 17 reports had been deferred from the cancelled meeting on 31 July 2015 and were reviewed at the meeting held on 13 August 2015. On this date, 20 reports in total were reviewed and 14 were recommended for closure. During August 2015, 5 extension applications were received from ELHT, of which 1 has been approved and 4 were pending approval.
- **Risk Register update**
A report was submitted outlining the current status of the Risk Register. Currently there are 18 risks on the register, with 3 new risks added and 1 risk closed in August 2015. Training was offered to staff in August 2015 relating to the Risk Register.
- **AQuA Quarterly Safety Report**
Members were provided with the AQuA Quarterly Safety Report dated June 2015, which outlined AQuA's work around patient safety. It was noted that the data in the report is approximately 12 months old and some of the processes have since changed.
- **Compassion Week Evaluation 22 – 26 June 2015**
An overview of the Compassion in Practice Week, 22 – 26 June 2015, was shared with members. The paper provided an understanding of the role of the compassion champions, communication through social media, the use of the CCG “wordle” and other events. The CCG has joined with Boot the Pharmacist to raise the importance of pharmacists introducing themselves to patients. Lancashire Constabulary have agreed that new cadets will be trained to utilize compassion in their approaches, and will utilise some of the CCG training.
- **Health Visitor Update**
This has remained a standing item given the levels of concern. A high-level communication has been sent to Lancashire Care Foundation Trust regarding the issues and this dialogue is ongoing. In the interim, LCFT will be attending the various locality meetings to discuss the proposals directly with GPs.
- **Serious Incident Policy**
The Serious Incident Policy was debated and ratified by members.
- **Being Open and Duty of Candour Policy**
The Being Open and Duty of Candour Policy was debated and ratified by members.

d. Items of Particular Interest of Risk : NONE

2.4 Primary Care Committee : 20 July & 17 August 2015 – Chair : David Swift

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

▪ **PMS Reviews**

A report provided details of the agreed process and progress made in relation to the review of PMS contracts in line with NHS England guidance. Of the eleven PMS Practices in East Lancashire, five practices had received a joint review with the Area Team and CCG, four would be reviewed by the CCG and two practices had opted to complete a PMS Review pro-forma. A summary of the visits was included in the report and key issues were highlighted. Members supported further work to develop a robust Investment Strategy for Primary Care.

▪ **Federations Briefing**

At members request, a briefing paper was provided outlining the new and emergent GP Federations in East Lancashire. The report described the range of Federation structures and summarised the four emerging Federations in East Lancashire.

▪ **The Delegation**

Members received The Delegation which is the formal legal document that mirrors the Delegation Agreement and confirms the functions that have been delegated to the CCG, the reserved functions, the date the arrangement commenced and the termination, variation and revocation provision.

▪ **Quality Framework**

The report presented an outline proposal for the introduction of a Quality Framework for General Practice from April 2016, together with the development of an Investment Strategy for Primary Care in East Lancashire, including transitional support during 2015/16, linking to the PMS Review process.

▪ **Daneshouse Medical Centre**

An application had been received from Daneshouse Medical Practice to close its registered list for a period of 12 months. Members discussed the application and considered there were a number of issues that need to be addressed. Closing the list would not solve the problems raised and it was agreed to defer a decision to allow time to identify what support could be provided to the practice. The CCG had met with the Practice and discussions are ongoing to develop a support plan.

▪ **Primary Care Support Service**

Concerns were expressed relating to the re-procurement of Primary Care Support Services, in particular the lack of provision of specific functions previously provided by LaSCA, but no longer supported by the new provider. The CCG has written to NHS E outlining the concerns and a response is awaited.

- **NHS Public Health & Co-Commissioning**
Members received a report summarising the NHS Public Health Functions publication and provided further information relating to the work currently ongoing in East Lancashire in order to satisfy the recommendations.
- **Dementia Local Improvement Scheme (LIS)**
The report confirmed that GPs had been asked to sign up to the National Enhanced Service for Dementia which had been rolled over to April 2016. GPs had been advised that the Local Improvement Scheme would also be available to sign up to. The report concluded that the CCG will continue the LIS for primary care at a slightly revised level from last year to put significant emphasis on review and to ensure there is a clear, standardised process and to ensure reviews are completed. Members considered this was a good opportunity to look at the dementia work in terms of outcomes for patients with dementia and what the diagnosis means for them and their carers.
- **Burnley Locality Over 75s Proposal 2015/16 Local Improvement Scheme**
Members received a detailed presentation outlining proposals as to how the unallocated funding from 2014/15 will be utilised in the Burnley locality to develop services aimed at supporting practices in transforming the care of patients aged 75 or over. The aim of the scheme is to provide an overarching framework of care within the locality, using community teams, patients and carers, to work more efficiently and effectively to deliver better and safer care and reducing avoidable admissions. Members supported the proposals.
- **Enabling Primary Care Access Local Enhanced Scheme**
Members supported proposals to provide a resource to support General Practice to work up the new model of Primary Care Access and Out of Hospital medical cover. Each Practice will receive 50p per registered patient to enable practices to work with the CCG to develop a model of enhanced primary care across localities.
- **Primary Care Transformation Team**
Members discussed proposals developed by NHS England to establish a Primary Care Transformation Team in Lancashire in 2015/16, the purpose of which is to provide a pump priming resource to create additional capacity to support CCGs to deliver primary care transformation. Discussions were taking place with CCGs across Lancashire and a decision would be confirmed at the NHS England Co-Commissioning Board.
- **Clinical Pharmacists**
Further to discussions at the Local Delivery Group, Members received details of an NHS England Pilot testing innovative workforce models designed to support general practice, with the intention of investing funding over the next three years to test this new patient-facing role in which clinical pharmacists have extended responsibility over and above many current ways of working. Members supported the collaborative bid, with support from the Medicines Management Team. If the bid was successful, funding would be considered on that basis.
- **NHS E Quarterly Report**
Members received Version 1 of the NHS E performance report which had been populated for East Lancashire CCG as a first draft and discussions were ongoing regarding the format.

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 Board : 16 July 2015
- East Lancashire Health & Wellbeing Partnership : 2 June 2015
- CCG Network : 28 May & 30 July 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