

Agenda Item No: 4.6

REPORT TO:	GOVERNING BODY		
MEETING DATE:	26 March 2018		
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		
PROCUREMENT IMPLICATIONS:	None		
REPORT CATEGORY:		Tick	
	Formally Receipt	√	
	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> <p>Report supported & approved by your Senior Lead Y</p>		
PRESENTED BY:	<p>Debra Atkinson Head of Corporate Business</p>		
OTHER COMMITTEES/GROUPS CONSULTED:	Content discussed at the Sustainability, Primary Care and PI Quality Committees		
PRIVACY IMPACT ASSESSMENT (PIA)	Has a PIA been completed in respect of this report?	N	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If yes, please attach</td> <td style="width: 50%;">If no, please provide reason below N/A</td> </tr> </table>		If yes, please attach
If yes, please attach	If no, please provide reason below N/A		
EQUALITY IMPACT ANALYSIS (EIA)	Has an EIA been completed in respect of this report?	N	
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If yes, please attach	If no, please provide reason below N/A		
RISKS:	Have any risks been identified / assessed?	N	
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N	
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	Y	
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
26 March 2018
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: 26 February 2018 - Chair : David Swift

The minutes of the meeting held on 26 February 2018 have been approved by the Chair but remain in draft until ratified by the Committee. These are attached in full at Appendix A.

Delegated decisions requiring ratification by the Governing Body :

▪ **Terms of Reference**

The Audit Committee Terms of Reference have been amended to reflect a change in membership. Paul Taylor has replaced Naz Zaman on the Committee and Kirsty Hollis and Debra Atkinson are now attendees. Governing Body Members are asked to ratify the changes to the ToR for the Audit Committee, which are attached at Appendix B.

**2.2 Sustainability Committee: 15 January & 19 February 2018
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 :
19 March 2018**

▪ **Community DVT Service**

In July 2017 the Committee supported the development of a Community DVT service model with the aim of providing a single service pathway with a referral process linked to EMIS for a streamlined, efficient and safe patient referral pathway to provide diagnostics and treatment in line with NICE guidance. A business case and service model with activity and financial costings was approved by Senior Clinicians in September 2017, Sustainability Committee in October 2017 and Executives in November 2017. The report presented to the 19 March meeting provided a summary of the open procurement process and Members supported the recommendation to award the contract to Bidder 1 as the preferred bidder.

Governing Body members are asked to ratify the decision of the Sustainability Committee.

c. Reporting on key decisions

11 December

▪ **Financial Position**

Members received an update on the financial position for the eight month period to 30 November 2017 which identified that the CCG is on tracks to deliver targets and key points were highlighted. There continues to be an underspend on running costs as secondments are not being backfilled and prescribing continues to under trade. The CCG is also delivering against the Better Payment Practice Code. Members discussed the impact following the Government's announcement to defer all non-urgent elective care to 31 January 2018, recognising this is a risk to ELHT.

▪ **Update from Sustainability & Performance Group**

Members received an update on the progress and risks associated with the delivery of the QIPP target. There continues to be a gap of £5.6m and significant work is required to reduce the deficit and generate schemes to support the 2018/19 QIPP target. A joint workshop was planned with BwD CCG to review performance and lessons learned and to consider opportunities for QIPP schemes for 2018/19. Members discussed the RightCare Analytical tool and it was noted that progress on the HWIMPs is reported through the Care Professionals Board. There were concerns as to whether this was the right forum to provide the CCG with the required outcomes and it was agreed that the HWIMPs should be reported through to the GB via the Together a Healthier Future Progress Report.

Members also received a progress report relating to the COPD Pathway which outlined savings that have been made and where the future focus lies. An update on the CVD workstream outlined the focus to date, objectives and priority areas for action.

A HWIMP has been established to support the MSK workstream and a comprehensive report would be presented to the February meeting.

Following discussion a proposal was put forward to have an Executive/SMT meeting on a fortnightly basis to discuss the delivery of QIPP and ensure all are sighted on the priorities.

▪ **Progress of Developing an Integrated Urgent Care Specification for PL**

The report updated on progress towards developing an Integrated Urgent Care specification for PL. The first draft of the service specification was presented and members requested more time to consider and reflect. It was agreed that comments be forwarded to the Head of Urgent Care and a further report be presented to the March meeting.

▪ **Community Contract**

The report provided an overview of the community services contracts across PL and how future contracting of these services will need to be developed. The report also outlined the current and preferred future state for out of hospital services, together with options for the future provision of community services. Following discussion the committee agreed that continuing with the current arrangements was not sustainable or in line with national policy. The interdependency between the community contract and the wider system developments were also highlighted, together with the importance of learning from the national vanguards and the different approaches being taken to provide out of hospital services across the country. An updated paper would be presented to the Executive Team for further consideration.

19 February 2018

▪ **Financial Position**

The report outlined the financial position for the nine month period to 31 December 2017 and key points were highlighted. The CCG is on track to deliver all targets and has exceeded target levels for the Better Payment Practice Code. Prescribing costs remain underspent, however CHC costs are continuing to rise and the CCG continues to seek

assurance from the CSU regarding Individual Patient Activity issues. Mental Health costs are overspent and the Finance Team are working with the CSU to resolve this.

- **Update from Sustainability & Performance Group**

The CCG has agreed there is sufficient resource to cover the current QIPP deficit for 2017/18 which will be split between recurrent and non-recurrent budgets. A list of potential schemes to achieve the anticipated stretch target of £20m for 2018/19 is currently being compiled and bi-weekly QIPP Bunker meetings are taking place with regular clinical input.

Members also received an update in respect of RightCare which highlighted that the future of CCG waves and cycles is being debated nationally as it is felt that RightCare will align closer with QIPP.

- **PL Programme Governance Arrangements**

Members received the governance structure for the Together a Healthier Future Programme for information.

- **Community Contract**

Dr Morris and Claire Jackson were present to provide an overview of the adult community services contracts across PL and how future contracting of these services will need to be developed in the context of national and local initiatives, particularly to support the out of hospital offer. The report had been updated to reflect comments made at the January meeting of the Committee and at Executive level discussions at EL and BwD CCGs. The report provided details of two options and outlined the risks and benefits associated with both options. Following discussion a number of concerns were raised, however following a majority vote, Members supported Option A as the preferred option to extend the contract with existing providers, with a number of conditions.

- **PL Pulmonary Rehabilitation Service**

Members received an update on the service currently delivered by ELHT for EL patients and Lancashire Care NHS Foundation Trust for BwD patients. A separate service specification is in place for each provider and the report outlined proposals for the implementation of an integrated service across Pennine Lancashire. Following discussion Members felt this is the right direction of travel and approved the proposal for an integrated service specification across PL.

- **Private Ambulances**

The report provided an update on the delivery of a QIPP scheme in relation to reducing dependency on Private Ambulance Vehicles (non-emergency patient transport) and put forward a recommendation to hold a contract with NW PALS for 6 months from 1 March to 31 August 2018. This would allow for a period of review and for a decision to be made as to the level of private ambulance transport resource that is required in the long term. Members supported the recommendation.

- **Children's Complex Packages of Care Framework Procurement**

The report provided details of the outcome of the procurement exercise which recommended that the framework be awarded to four bidders for call off by the Individual Patient Activity Team and would go live on 1 April 2018. Members requested further information and the contract award report would be presented to the next meeting.

d. Items of particular interest or risk : NONE

**2.3 Pennine Lancashire Quality Committee: 24 January & 28 February 2018
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 :**

▪ **PL Mental Capacity Act Policy**

The PL policy, originally a BwD CCG Policy, has been reviewed and revised to include the latest information and statutory directives relating to the Mental Capacity Act, in conjunction with other Lancashire CCGs. The policy has been developed to support staff with complex packages of care and staff within the care home sector and is aimed at strengthening the key principles of the MCA, outline the roles and responsibilities of individuals and offers advice.

GB Members are asked to ratify the decision.

- c. **Reporting on Key Decisions**

24 January

▪ **Tier 4 CAMHS Service**

The Committee review CAMHS performance on a regular basis and Kirsty Hamer was in attendance to outline the work ongoing in relation to the transformation of this service, which was part of a wider service review, including adult services. Additional funding has been made available nationally for CAMHS and the review will look at redistributing the existing provision and ensure there is sufficient availability when needed. Members had a detailed discussion and received reassurance that no beds will be closed until new placements have been established elsewhere and there is scope for the plan to be adjusted.

▪ **PL Quality & Performance Report**

Members received a comprehensive report and key issues were highlighted.

▪ **PL Serious Incident Review Group**

During December, ELCCG reviewed 9 reports, of which 7 were approved for closure and 2 returned to the provider. BwD CCG reviewed 11 reports, of which 2 were approved for closure and 9 were returned to the provider and 2 required CCG action. During the same period a total of 8 extensions requests were submitted by ELHT and 9 from LCFT. Six Rapid Review was received from ELHT and 4 were submitted by LCFT, which were outside the 72 hour timeframe, which is being monitored. The report also advised that EL CCG has 37 StEIS incidents open at present and BwD CCG has 50 open incidents. Members were advised that work was ongoing to review the number of similar incidents and the lessons learned over the last 12 months.

▪ **PL Risk Management Update**

The report identified that across Pennine Lancashire there are 6 risks that are included on the Risk Registers for both CCGs. There are currently 10 operational risks and 6 strategic risks on the register for BwD CCG which included one new risk since the last report and 15 risks for EL CCG, two of which had been recommended for closure and no new risks since the last report. Both CCGs maintain rigorous processes for recording, monitoring and reviewing the management of all risks.

▪ **PL Domestic Abuse Workplace Policy**

Members considered a joint policy which has been developed in response to the CCGs commitment to supporting employees who are experiencing domestic abuse and provides guidance for employees and managers and respect of the effects on the workplace.

28 February

▪ **PL Quality & Performance Report**

Members received a comprehensive report and key issues were highlighted.

- **Primary Care Update**
Members received the bi-monthly primary care quality assurance update which identified that following CQC inspection four EL practices are under enhanced surveillance, two practices have been rated inadequate, one practice requires improvement and six practices are awaiting a CQC visit. For BwD CCG one practice is awaiting CQC inspection and one practice requires improvement. Work continues around the GP 5 Year Forward View, the EL Quality Framework and the BwD Primary Care Strategy.
- **PL Serious Incident Review Group**
During January, ELCCG reviewed 9 reports, of which 5 were approved for closure and 4 returned to the provider. BwD CCG reviewed 10 reports, of which 5 were approved for closure and 5 were returned to the provider. During the same period a total of 8 extensions requests were submitted by ELHT and 7 from LCFT. Ten Rapid Review was received from ELHT and 4 were submitted by LCFT. The report also advised that EL CCG has 41 StEIS incidents open at present and BwD CCG has 51 open incidents.
- **Lancashire IPC Update Q3 2017/18**
The report outlined the Q3 position for Healthcare Associated Infections across the Lancashire footprint. There were 6 cases of MRSA, one of which related to a BwD resident. LCC have reviewed the 3 month rolling averages and are identifying any trends or lapses in care. There were 113 cases of C Diff during the period, which identified an increase but no clear explanation for this. During Q3 there were 304 cases of E-Coli which identified that all Lancashire CCGs are breaching the cumulative trajectory. CCGs are working with partners across their health economies to develop E-Coli reduction plans and discussions are ongoing as to whether these plans should be on an STP footprint. A number of Care Homes have been supported to manage norovirus outbreaks and there is continued focus on the Sepsis Strategy. Work is also ongoing to support those Care Homes undergoing the Quality Improvement Programme.
- **PL Complaints Report Q3**
The report outlined the position for all the complaints, MP letters and PALS enquiries received during Q3. A total of 29 complaints had been received by ELCCG and 16 by BwDCCG which identified an increase for both CCGs compared to the previous quarter. The report provided a detailed analysis of the reasons for the complaints, MP letters and PALS contact to identify themes and trends, noting that a large proportion of complaints related to Continuing Healthcare, commissioning decisions and secondary care. No new cases have been referred to the Parliamentary Health Service Ombudsman during the period.
- **PL Equality Delivery System Annual Report**
The report provides a robust framework against which the CCGs performance can be graded against a range of nationally determined indicators grouped under four goals. Both EL and BwD CCGs undertook their annual EDS grading assessment in 2017/18 focusing on Goal 4 – Inclusive Leadership. The overall outcome of the event for both organisations indicated that staff are satisfied with the CCG in demonstrating inclusive leadership. A number of recommendations and actions were identified which will be implemented on a PL basis where possible.

d. Items of Particular Interest or Risk : NONE

**2.4 Primary Care Committee : 10 January & 14 February 2018
Chair : Naz Zaman**

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

10 January

▪ **Women's Refuge Updated Service Specification**

The CCG provides an enhanced service for the provision of general medical services to women and children resident in the two facilities in Burnley and Pendle. Two practices support the Refuge and the service specification is updated annually to ensure it delivers the appropriate services. Following an extension to the Refuge facility in Burnley, which provides long term support for female victims of domestic abuse with very complex needs, the service specification has been updated to reflect the additional workload for the current provider for general medical services. Members approved the amendments to the Service Specification.

▪ **GP Online Consultation Bid**

Members received a draft STP wide proposal which will provide resource to establish the underpinning infrastructure to support patients to use online consultations. It is proposed to identify a number of primary care networks where this can be embedded and explore how GP online will work, which will be followed by some shared learning prior to roll out. Following discussion, it was agreed to establish the costs involved before confirming agreement and provide an update to the next meeting.

14 February : In terms of costings, the Regional team were not currently in a position to provide details but will keep this under review. The number of exemplar sites had increased from two to three for EL CCG and the Primary Care Team are working closely with the Regional Team to consider how to accelerate GP consultations and share best practice and will provide regular updates through the Primary Care Programme Board.

▪ **GP Forward View – Strategic Data Collection Service Return (DCSR)**

The DCSR is submitted on a monthly basis and outlines how the CCG is spending its resource in respect of the GP Forward View. Members were advised that good progress is being made relating to the care navigation model which has been rolled out across 3 localities, 245 online licences have been issued and 200+ staff have received face to face training. It was also confirmed that it is the intention to go out to procurement in February to ensure Extended Access in place by October 2018. This is to be an integrated approach with primary and urgent care to streamline the process and further details would be presented to the next meeting.

14 February : The timescale for rolling out has been accelerated and new guidance and procurement options have been issued. In view of this it was agreed to establish a Task & Finish Group, working closely with NHS E, to mitigate any risks and provide an update to the next meeting.

14 February

▪ **Primary Care Strategy & Plan on a Page**

Members received the final draft of the Strategy which had been formatted by the Design Team. A Plan on a Page has also been developed which described the Strategy. Each element is broken down into its own workplan and outlines the guidance reference and the overall aim, who is responsible, timescales and progress. It was noted that Primary Care have their own risk register and issues will be escalated to the Corporate Register where necessary. Members agreed this was a comprehensive piece of work and congratulated the Team on their efforts. Subject to some minor amendments and inclusion of acknowledgements, Members signed off the Primary Care Strategy.

▪ **Care Navigation Equipment**

The report outlined a proposal for the purchase of equipment to support care navigation/signposting at additional GP Practice sites. Members supported the release of funding towards purchasing an automated arrival unit and the installation of up to three call

queuing licences on the telephone system for each additional site that opens for 45 hours or more per week.

- **GPs with Special Interest Accreditation**

The report outlined the position for GPs with Special Interests in EL and highlighted a gap for re-accreditation. There are currently two GPs delivering vasectomy services under an Enhanced Service Specification which is monitored by the CSU on the CCGs behalf and there is a need to establish a process for re-accreditation of these two GPs. Members supported the proposal to source a specialist clinical expert from Urology at either ELHT or Airedale for 1 session to join the verification panel.

- **GP Workflow Optimisation**

Funding has been allocated to CCGs to contribute towards the costs of training reception and clerical staff to undertake enhanced roles in active signposting and supporting the effective management of clinical correspondence. CCGs are required to describe how funding will be used for member practices and the report outlined the EL approach. The CCG is working closely with the Data Quality Team at the CSU to consider options and a programme of training has been developed, over and above what is already commissioned from the CSU to enable staff to have the right skills to do this work. Details of the funding requirements were outlined and members supported the proposals, subject to approval of the 2018/19 monies being available.

- **General Practice Transformation Support**

The report provided an update in relation to the General Practice Transformation Support made available through the GPFV. The CCG committed to spend a total of £3 per head of population non recurrently during 2017/18 and part of this resource has already been committed to support system wide primary care projects. Practices were asked to indicate how they would like to see the remaining non-recurrent resource invested and a number of proposals were received, details of which were outlined in the report. Members supported the recommendations for transformation support and requested an update report to the September meeting to provide reassurance that things are progressing.

2.5 Locality Steering Group Summaries : Chair – GP Clinical Leads

Locality summaries are attached at Appendix C.

3. STAKEHOLDER COMMITTEES

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

- **Health & Wellbeing Board** : 14 November 2017 & 25 January 2018
- **EL Health & Wellbeing Partnership** : The H&WP meeting scheduled for 28 February was cancelled due to adverse weather conditions.

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.

DEBRA ATKINSON

Head of Corporate Business