

## East Lancashire Clinical Commissioning Group

### East Lancashire CCG Governing Body Minutes of the meeting held on 22 September 2014, 1pm at Walshaw House

**PRESENT:**

Dr Di van Ruitenbeek	Chair
Dr Fiona Ford	GP Lead - Primary Care Development
Jackie Hanson	Chief Nurse
Dr Paul Hartley	GP Lead - Acute Commissioning & Contracting
Dr Phil Huxley	GP Clinical Lead - Pendle
Dr Tom MacKenzie	GP Clinical Lead - Rossendale
Dr Murthy Motupalli	GP Clinical Lead - Hyndburn from 2:10pm
Michelle Pilling	Lay Advisor – Quality & Patient Engagement
Dr David White	GP Clinical Lead - Burnley
Dr Ian Whyte	GP Clinical Lead - Ribblesdale
Tom Wolstencroft	Lay Advisor - Governance
Mark Youlton	Chief Finance Officer

**In Attendance:**

Angela Brown	Director of Corporate Business
Olive Carroll	Director of Personal Social Care & Community Services
Anne Pietrzak	Board Services Manager

Min Ref:		ACTION
14.114	<p><b>Welcome, Introductions &amp; Chairs Update</b></p> <p>Dr Di van Ruitenbeek, Chair of the CCG welcomed all members to the meeting and introduced Dr Richard Robinson, who was joining the Governing Body as the Hyndburn Locality Clinical Lead.</p> <p>The Chair wished to formally record a vote of thanks to Dr Motupalli, highlighting two particular points:</p> <ul style="list-style-type: none"> <li>▪ His very strong and clear passion and concern for the residents and patients from Hyndburn and his desire to do the best to represent the locality.</li> <li>▪ His humor.</li> </ul> <p>The Chair confirmed that Dr Phil Huxley was the Designate Interim Chair and Phil was looking forward to taking over this role in January 2015.</p>	
14.115	<p><b>Apologies</b></p> <p>Apologies for absence were received from Dr Ions, Mike Leaf, Steve Allcock and Steve Dean.</p>	
14.116	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest</b> – It was agreed that all members should declare an interest in Agenda Item 5.2 – Indemnity Report.</li> <li>▪ <b>Quoracy</b> – The meeting was quorate.</li> </ul>	
14.117	<p><b>Declarations of Other Business</b></p> <p>There were no declarations of other business.</p>	

<b>14.118</b>	<b>Public Questions</b>  It was confirmed that no public questions had been received.	
<b>14.119</b>	<b>Minutes of the meeting held on 28 July 2014</b>  The minutes of the last meeting were approved as an accurate record.	
<b>14.120</b>	<b>Action Matrix v19</b>  <b>14.68 Constitution</b> - The CCG would be appointing a Deputy Lay Chair from January 2015 to ensure there was a strong lay voice on the GB. Arrangements were not yet finalised but an announcement would be made at the November GB meeting.  <b>14.71 Dementia</b> - The procurement process continued and the response from market testing was awaited. It was agreed the theory behind the proposals was sensible and would be carefully managed.  <b>14.100 – Finance</b> Discussions continued in relation to the NWAS figures and the review of planned care data.	
<b>14.121</b>	<b>Matters Arising</b>  There were no matters arising.	
<b>14.122</b>	<b>Chief Clinical Officers Report</b>  Angela Brown, Director of Corporate Business presented the report in the absence of Dr Ions.  Key highlights included an update relating to the ELHT Quality Summit held on 4 July and the planned Quality Summit at Calderstones, the date of which was to be confirmed. As part of the assurance process, the Executive Team had met with NHS E Area Team on 17 September to consider achievements in Q1, which resulted in a very positive position for the CCG throughout the agenda. The final report would be shared with Members when received. A letter from NHS E received following the annual assessment for 2013/14 was also attached to the report, congratulating the CCG on progress made over the year.  Dr Ions had met with Kevin McGee, newly appointed Chief Executive of ELHT and would continue to meet regularly on a formal and informal basis. Details of stakeholder engagement were outlined, together with the excellent work ongoing in the localities particularly regarding the dementia friendly community agenda.  The following policies had been approved by CCG sub-committees and required ratification by the Governing Body. <ul style="list-style-type: none"> <li>▪ NHS Fully Funded Continuing Health Care and NHS Funded Nursing Care Consent</li> <li>▪ Registration Authority Care Policy</li> </ul> The Chair referred to the very positive letter from NHS E and thanked all members of staff and the Governing Body for their hard work to build and develop capability and capacity over the year to ensure the organisation	

	<p>meets all the requirements.</p> <p>Dr Huxley referred to a number of acronyms in reports, requesting that abbreviations are used in brackets following the explanation, particularly as the reports to Governing Body are public documents.</p> <p><b>RESOLVED:</b> that the Governing Body receive the report and ratify the adoption of the policies outlined.</p>	<b>AB</b>
<b>14.123</b>	<p><b>Finance Position</b></p> <p>Members received the financial position statement for the five month period to 31 August 2014 and forecast outturn to 31 March 2015.</p> <p>The presentation outlined funding available for commissioning services and running costs which were two separate pots of money. Performance against the Better Payment Practice Code was above target and the CCG was on target to achieve the recurrent and non-recurrent surplus within year. Main provider activity at ELHT indicated over-performance and areas of concern included increased A&amp;E activity, elective care and non-elective admissions. CCG officers are working with Trust colleagues to understand the pressures and their financial implications for EL CCG.</p> <p>Additional resilience funding has been received for scheduled and unscheduled care. £6m has been identified this year and different process were to be put in place to provide additional capacity in hospital, additional support in the community and additional hours for GPs which was welcome. Continuing Health Care continued to be an issue due to the growing ageing population. The CCG had received information from NHS Property Services suggesting that charges in relation to subsidised and void areas had increased. This had been challenged and a response was awaited. The Prescribing forecast for year-end suggested a £2m underspend, however given the fluctuations in Prescription Pricing Authority (PPA) forecasts, the figure was to be treated with caution at this point.</p> <p>Members discussed the information presented. With reference to the resilience funding, it was important to ensure representatives from patients, carers and the voluntary sector are involved in discussions to provide solutions collectively. It was noted that Sara Carberry, Head of Unscheduled Care was leading on this piece of work and discussions were also taking place at the Pennine Lancashire Executive Officers Group.</p> <p>Members also discussed the position regarding Referral to Treatment monies and were assured that systems were in place to manage this and made clear what is being paid for. Indications to date identified that QIPP schemes were delivering as planned. Going forward into 2015/16, it was anticipated that QIPP savings would naturally fall from the work already in place in respect of Cases for Change. It was also noted there would be more detailed discussions at the October meeting of the Governing Body regarding the commissioning intentions.</p> <p>Michelle Pilling was pleased to report that due to changes implemented within scheduled care, patients were now seeing a difference, particularly in respect of the triage system.</p>	

	<p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>Systems resilience plan to Michelle Pilling.</li> <li>Detailed report to the October meeting outlining actions to be taken to manage the over performance at ELHT.</li> </ul> <p><b>RESOLVED:</b> that the Governing Body receive the report.</p>	<b>MY</b>
14.124	<p><b>Performance Report</b></p> <p>Members received the Transformational Assurance Report developed to provide assurance at different levels relating to performance in cases for change and key projects. Following discussion at the last meeting a number of changes had been made in terms of layout and the level of detail to ensure the document was more understandable.</p> <p>Members considered the revised format, which now included the direction of travel and agreed it was a helpful document that demonstrated the position against each of the workstreams.</p> <p>Mark Youlton said he would like to see more narrative outlining performance against each of the contracts and suggested including next months data alongside to provide comparison against developments. It was agreed that more detailed discussion would take place at LDG, to ensure that an updated report is available to GB members that provides assurance regarding the strategic position.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>Executive Team to take feedback to the Senior Management Team and bring back suggestions.</li> <li>Assurance Report to be made available via the CCG Intranet – when live, share access with GB members.</li> </ul> <p>The Chair referred to previous discussions when it was agreed that red areas on the confidence dial would be of particular focus and the following updates were received:</p> <ul style="list-style-type: none"> <li><b>Cancer</b> - Dr Neil Smith, Clinical Lead had attended the Quality &amp; Safety Committee and provided an updated on a number of issues. He would attend on a regular basis to provide a level of scrutiny.</li> <li><b>Enhanced Support Services</b> – Monthly meetings were taking place and the project plan was progressing well.</li> <li><b>IAPT</b> – the position had improved tremendously, particularly relating to the speed and appropriateness of access. Patients can now self-refer, providing a feeling of empowerment.</li> <li><b>Primary Care Access</b> – was showing 100% and there was a need for an assurance test in the system to benchmark.</li> </ul> <p>Overall it was considered the report was showing a good level of progress. Feedback from patients via one of the Focus Groups identified that patients are seeing better quality services, particularly relating to the triage system for Dermatology and Ophthalmology, making it much easier for patients to make appointments</p> <p>There was reference to concerns that patients were being turned away from the Rossendale Minor Injuries Unit. This had been monitored for 2 months and it was confirmed that no patients have been turned away. The Provider</p>	<b>MY</b>

	<p>was also undertaking an evaluation of how patients are satisfied with the service.</p> <p><b>RESOLVED:</b> that the Governing Body receive the report.</p>	
<b>14.125</b>	<p><b>Audit Committee Annual Report</b></p> <p>Tom Wolstencroft, Audit Committee Chair presented the Audit Committee Annual Report 2013-14 which provided assurance that over the course of the financial year 2013-14, the Audit Committee has discharged its responsibilities and met its terms of reference.</p> <p>The report was produced in line with the guidance described in the Audit Committee Handbook. Page 8 provided a summary of assurance as to the reliability and quality of the CCGs financial reporting systems, with no significant issues arising from reviews or weaknesses in governance systems. On this basis the Audit Chair recommended the report to the Governing Body. He confirmed that going forward it was recommended the Audit Committee meet on a bimonthly basis. Thanks were also expressed to Dr Motupalli for his input to the meeting.</p> <p>The Chair thanked GB members and all involved in the work of the Audit Committee and for the good achievement in year 1, recognising the challenge and the journey to create a new organisation and run it effectively. Thanks were also expressed to Tom Wolstencroft for Chairing the Committee and ensuring that good results were achieved.</p> <p><b>RESOLVED:</b> that the Governing Body received the report.</p>	
<b>14.126</b>	<p><b>Indemnity Report</b></p> <p>All Governing Body members declared an interest in this item.</p> <p>The report outlined the indemnity arrangements for GB members for decisions taken in the normal course of CCG business and would supplement the indemnity under common law that already exists for CCG officers. Any claims for damages would be brought against the CCG as a body corporate rather than individual GPs or employees of the CCG and insurance arrangements are in line with the NHS Litigation Authority.</p> <p>Dr Huxley referred to the dilemma of clinical colleagues on steering groups and was pleased to see the reassurance that arrangements were in place to provide the same indemnity cover for each of the locality committees, includes clinical leads. Discussion would also take place with Clinical Leads to ensure the wider group of people on CCG business receive the assurance.</p> <p><b>RESOLVED:</b> that members endorse the adoption of the indemnity arrangements as outlined.</p>	
<b>14.127</b>	<p><b>Sub Committee Summary &amp; Stakeholder Minutes</b></p> <p>The report summarised the business from each sub-committee meeting of the Governing Body and included stakeholder committee minutes from the Pennine Lancashire Clinical Transformation Board and the Lancashire CCGs Network.</p>	

There were three key points to highlight following discussion at the Local Delivery Group the previous week:

- **Development of the Contracts with East Lancashire Medical Services (ELMS)**

Mark Youlton updated on progress made regarding the development of the new contracts for the Out of Hours Service (OoH) and discussions were ongoing with East Lancs Medical Services (ELMS). He reminded Members that the GB agreed to the continuation of the HAC contract for 1 year, but the new contract would be on the NHS Standard Contract format. Discussions were ongoing to develop the new contract and details of the revised terms would be shared with the Governing Body.

- **Primary Care Access Project**

Details of the Primary Care Access proposals were outlined and Dr Ford updated on progress, confirming it was the intention to run the project until the end of March 2015. The interim work would not pre-empt the outcome of the engagement process and would continue until the actual model is in place. Members agreed the proposals ahead of the final decision of the Remuneration Committee on 15 October 2014.

- **Better Care Fund**

Following revised guidance, the Better Care Fund (BCF) re-submission had been made the previous week. It was anticipated there would be a further submission in December, allowing time for further discussion with partners regarding risk sharing, contingency and governance issues.

The Performance fund was linked to a reduction in non elective activity. The baseline figure was 3.5%, across Lancashire this had been agreed at 2% and there was a need to understand how the financial risk was to be managed, either as a Lancashire pool or across 6 pools. Mark outlined the financial implications, highlighting the need to be confident where the funding will be held and how this will be monitored. There was also a need to consider how to manage the East Lancashire element of the BCF, possibly as a sub committee of the Governing Body and including ELHT and local authority. It was noted that many people had attended the BCF engagement event and it was important to share feedback to provide an ongoing understanding of the position.

Locality Summaries were included with the report and reference was made to the comparisons regarding over 75s funding in localities. In respect of the Care Home Nurse Practitioner role, Members felt it was useful to bring practitioners together to have wider discussion regarding consistency of approach and ways to ensure the practitioners know how to raise concerns.

The need for a shared IT Strategy was also raised. Discussions at LDG had reflected that information governance was the barrier to a system across primary and secondary services. It was suggested this should be undertaken via a phased approach as some of the key areas were further ahead than others. Mark Youlton confirmed that GP IT was not the responsibility of the CCG but had been delegated to the CCG from NHS E with an amount of capital to run the system. However, funding had reduced considerably from that available to the PCT and Stephen Lord, Head of IT at the CSU had put a bid together to NHS E for additional funding to cover the gap. A System Resilience Group was in place across the health economy and there was a need to obtain agreement between the agencies to use

	<p>shared systems. Training requirements would also need to be address together with a commitment from users.</p> <p>Discussions would take place with the CSU with a view to them providing support to take this work forward, whilst having a knowledge of systems in place across East Lancashire. An update would be provided to the November GB meeting.</p> <p><b>RESOLVED:</b> that the Governing Body receive the report.</p>	<b>MY</b>
<b>14.128</b>	<p><b>Any Other Business</b></p> <p><b>14.128.1 Items for inclusion on the Corporate Risk Register</b></p> <p>It was agreed that discussion relating to Community Health Partnerships and additional charges be included on the Register.</p>	<b>MY</b>
<b>14.129</b>	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The next meeting was confirmed as Monday 24 November 2014, 1pm at Walshaw House.</p>	

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