

**Meeting held on Thursday 30 July 2015, 9:00 am to 12:30 pm
Room 231, Preston Business Centre, Watling Street Road, Fulwood, Preston**

Present:

Dr Gora Bangi (Chair) – Chorley & South Ribble
Dr Alex Gaw – Lancashire North
Dr Mike Ions – East Lancashire
Dr John Caine – West Lancashire
Mr Peter Tinson – Fylde and Wyre
Mr Mike Maguire – West Lancashire
Mr David Bonson – Blackpool
Mrs Debbie Nixon – Blackburn

In Attendance:

Mrs Linda Riley – LCSU
Mr Colin Kelsey – EPRR, NHS England (item 8)
Dr Raj Patel – Medical Director NHS England
Mr Mark Youlton – East Lancashire
Mr Paul Kingan – West Lancashire
Mr Kevin Parkinson – Lancashire North
Mr Gary Raphael – Blackpool
Mr David Walsh – Fylde & Wyre
Mrs Jill Truby – Lancashire CCGs Network

1. Welcome, Apologies for Absence and Declarations of Interests

Dr Gora Bangi welcomed everyone to the meeting. Apologies for absence were received from Dr Chris Clayton, Dr Dinesh Patel, Dr Amanda Doyle, Dr Tony Naughton, Jan Ledward, Andrew Bennett, Roger Parr and Carl Ashworth. Dr Bangi asked for declarations of interests, none were declared.

2. Minutes of the meeting held 28 May 2015

The minutes of the meeting held on 28 May 2015 were agreed as an accurate record.

3. Matters arising and action sheet

Dr Bangi sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.

4. Lancashire County Council Finance issues

Mr Paul Kingan opened discussions following a recent CFOs meeting at which there had been a discussion regarding LCC Finance issues and the financial context of Lancashire County Council. The Head of Finance for Adult Social Care, Neil Kissock, had been invited to attend at this meeting to update CCGs on the Council position and issues going forward. There was an acknowledgement that the Council had financial problems as had been highlighted in the local media. It was confirmed that a savings plan was being developed along with plans on what they need to do to achieve their balance. It was established that the Council problems and challenges are similar to health in that there is rising demand and a challenging funding settlement. Average savings for the council are as high as 14% per annum compared to say 3% for CCG QIPP programmes.

Mr Kingan posed some questions to the Network around how the joint agenda was taken forward; as risks were identified around the Council where key people had left following the recent restructure and a transition was taking place. It was considered that mutual support was important and a need to strengthen joint networks.

The Council were under pressure to achieve savings up to £500m from 2010 – 2018. £200-300m had already been achieved but further significant savings of up to £100m were expected in 15/16. The Council funding comprises quarter from government grants, business rates and half from council tax. It was reported that the government grant had been cut and this was one of the biggest drivers of the savings plans. However there was a rising demand for services. The two key areas where savings are being applied is social care and public health. The Care Act also

had implications for the Council in relation to eligibility and capping funded care which puts extra pressure on the Council. However the main effect of this act has been delayed until 2020.

Members considered how to mitigate these risks and how they reflected CCG risk registers and whether there was any joined up work that could be undertaken as part of the Better Care Fund. How can CCGs influence the future funding decisions around public health? What can we work on together? Nursing residential homes, LD, social care offers, joined up programmes for telecare? What we can do individually and what can be done on a pan Lancashire basis. How do we strengthen and widen the debate. There was a clear need to understand where these cuts were going to be made and ensure that CCG's have a say in how this is taken forward.

Mr Peter Tinson reminded members of the reviews currently being undertaken around packaging of care, CAHMS etc and that impact assessments of the cuts had not yet been undertaken. There had been an agreement to engage in a process of developing detail but due to changes in staff this had not yet happened.

Mrs Riley reported that an impact of data base had already started with 51 cases in Blackburn under review. This obviously had an impact on CSU's day to day work as this was just Blackburn. She proposed that there were areas that could sit alongside the care home strategy where potentially huge savings could be made. There were opportunities to work with Councils through the Collaborative Commissioning Board.

Dr Raj Patel reported that there were different models available, with most of the big city areas having undertaken work.

It was considered important that conversations continue with LCC and it was proposed to ask LCC's representative on the CCB to provide an update at a future meeting of the CCB on areas of concern. Mr Tinson agreed to make contact with LCC.

It was also suggested that this was taken forward on the Health & Wellbeing Board agendas.

ACTION: Mr Tinson to contact LCC to provide an update at a future CCB meeting.

5. Healthier Lancashire

Mr Gary Raphael asked members to consider the financial issue around Healthier Lancashire. It was acknowledged that CCGs were unable to view Healthier Lancashire's ability to work across Lancashire as the current piece of work relating to the aligning of plans will not be complete until the end of September. Until this piece of work is finalised no decisions can be made about Healthier Lancashire continuing. Mr Raphael reminded members that the funding runs out at the same time and therefore this presented a dilemma for us as from experience we know that seeking to get decisions to jointly fund any programme often takes much time, which we do not have. Mr Raphael suggested that we should at least seek to have a debate about the options for funding Healthier Lancashire (should it continue) over the summer.

Following conversations between CFOs it was agreed to send out a table setting out the level of contribution that would be required from each CCG if Healthier Lancashire was to continue after September. Mr Raphael just needed to undertake some further work with Ms Sam Nicol to be able to identify core funding costs before revised figures were circulated to CFOs to have a discussion in their respective CCGs. It was proposed that the CFOs came back to the Network in August with their recommendations.

Dr Mike Ions, as the Lead on Healthier Lancashire, emphasised that it was really important that this decision was made.

ACTION: CFOs to bring back recommendations to the August meeting.

6. Share of Intelligence

Mr Mike Maguire reported that at the Mersey CCG network they have an informal sharing of intelligence as the first item on their agenda, which is an interesting approach to keeping the system up to speed about issues. Mr Maguire asked if a similar approach might be worth trying at the Lancashire CCG network.

It was proposed to have an Open Forum at the beginning of each Network meeting before the formal business commenced.

7. County Public Health work plan

Following a meeting between Lancashire County CCGs and Lancashire Country Public Health, a two page slide print out summarising the County Public Health work plan was presented to the Network by Mr Peter Tinson.

Highlighted in the presentation were the individual CCG priorities identified and an update on Public Health Procurement which asked CCGs to identify individuals for Procurement Panels. Members were asked to forward nominations to either Peter Tinson or Lucinda McArthur.

ACTION: Nominations for Procurement Panels

8. EPRR

Mr Colin Kelsey, Head of EPRR, NHS England Lancashire & Greater Manchester, introduced himself to members and detailed what the direction of travel needs to be in relation to EPRR.

Actions for CCGs to consider:

1. CCGs were asked to agree that the concept of health economy system leadership in relation to EPRR is a natural fit with their overall role.
2. CCGs were asked to support the recommendations in the report and request their Accountable Emergency Officers to work with the Lancashire & GM NHS England EPRR team to deliver a successful outcome.

Mrs Nixon considered that this implied a Silver command which existed in PCTs, but was now materially different to CCGs although "on call" rotas existed. She considered what was proposed was a significant piece of work requiring support resources.

Dr Mike Ions echoed Mrs Nixon's concerns as this was never a role for the accountable officers in CCGs. This role sat with NHS England. It was made clear that accountable officers were not responsible, and that CCGs agreed to support NHS England in taking on the responsibility. It was considered that CCGs were not geared up to Silver command.

Mr Kelsey reported that new guidance was being published and that a copy would be circulated as soon as possible.

Mrs Riley suggested that the CSU produced a proposal subject to clarity around CCGs understanding their responsibility. Mrs Riley to meet with Mr Kelsey and Mr Robert Irwin, and agreed to produce a proposal of potential options, capturing statutory responsibility, for CCGs discussion.

ACTIONS: Copy of guidance to be circulated as soon as it is available. Mrs Riley is to produce a proposal of potential options.

9. Update from planning session

Following the planning session in May, each group gave an update:

9.1 Primary Care

Mr Tinson confirmed that all CCGs had received the paper from Ms Jackie Forshaw dated 15 July detailing the primary care transformation proposals. This had been signed off by Graham Urwin who was happy with the direction of travel. Dr Patel agreed that NHS England would put

together a team but there were issues around how NHS England would manage this. Would a CCG host this team?

Dr Bangi reported that the Co-commissioning Management Group had met last week and were clear on direction of travel.

Dr Ions raised some concern over a team being an expensive resource and how its accountability would work. Was this tied in to the primary care development programme? Is there a danger it would be remote from CCGs?

Dr Gaw raised the issue of Lancashire North teams sitting across Lancashire and Cumbria and how it would deliver.

In response to a query around the estates action, it was reported that there is national work being undertaken with an estates review due in the very near future.

9.2 **Workforce Planning**
Recommendations were to make workforce a priority which will be picked up by the work on primary care.

9.3 **Reconfiguration**
A meeting has been arranged to look at aligning of programme.

10. **CAMHS SRO**
Members were informed that Peter Tinson had been nominated as the SRO for CAMHS.

ACTION: Summary of SRO roles to be circulated.

11. **Mod. Gov**
Members were asked to consider using ModGov for Network related meetings. This system is currently being utilised by Chorley & South Ribble and Greater Preston CCGs.

There were no objections to the Network using this system.

ACTION: Members to have access to Mod Gov system

12. **Declarations of interest update**
Members noted the updated declarations of interest register for 2015. CFOs to be included in register.

13. **Minutes from other meetings**
The minutes from the Collaborative Commissioning Board meeting on 9 June were noted.
The draft minutes from the Collaborative Commissioning Board meeting held on 14 July were noted.

14. **Any other Business**
Following receipt of an email by all CCGs from Trish Bennett, Mrs Nixon reported that Mrs Ledward was progressing this.

Date of next meeting: Thursday 27 August 2015 9 am to 12:30 pm, venue room 231, Preston Business Centre, Fulwood, Preston.