

**East Lancashire CCG Governing Body**  
**Minutes of the meeting held on Monday, 23 July 2018**  
**2:45pm at Oswaldtwistle Mills Business & Conference Centre**

**PRESENT:**

Dr Phil Huxley	Chair
Dr Santhosh Davies	GP Clinical Lead - Burnley
Dr Mark Dziobon	Clinical Director Performance
Jackie Hanson	Director of Quality & Chief Nurse
Kirsty Hollis	Chief Finance Officer
Dr Tom Mackenzie	GP Clinical Lead – Rossendale
Sharon Martin	Director of Performance & Delivery
Michelle Pilling	Deputy Chair & Lay Member – Quality & Patient Engagement
David Swift	Lay Member – Governance
Dr Vanessa Warren	GP Clinical Lead - Ribblesdale
Mark Youlton	Accountable Officer
Naz Zaman	Lay Member – Equality & Inclusion

**In Attendance:**

Debra Atkinson	Head of Corporate Business
Adam James	Corporate Business Manager
David Rogers	Head of Communications and Engagement
Anne MacLeod	Corporate Administration Manager

Min Ref:		ACTION
18:103	<p><b>Welcome, Introductions &amp; Chair’s Update</b></p> <p>Dr Huxley welcomed Members to Part 1 of the meeting. He also welcomed David Rogers, Head of Communications and Engagement and Adam James who was in attendance as part of his induction as Corporate Business Manager, working with the Corporate Team.</p>	
18:104	<p><b>Apologies</b></p> <p>Apologies were received from Richard Robinson and Paul Taylor.</p>	
18:105	<p><b>Public Questions</b></p> <p>No public questions had been received.</p>	
18:106	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>▪ <b>Declarations of Interest</b> : No new declarations of interest had been included on the Register since the last meeting and none were declared relating to the agenda.</li> <li>▪ <b>Quoracy</b> : The meeting was quorate.</li> </ul>	
18:107	<p><b>Declarations of Other Business</b></p> <p>Michelle Pilling advised she had an additional item to raise under Any Other Business.</p>	
18:108	<p><b>Minutes of the meeting held on 4 June 2018</b></p> <p><b>RESOLVED:</b> that subject to a couple of incorrect spellings, the minutes of the meeting held on 4 June 2018 were approved.</p>	

<p><b>18:109</b></p>	<p><b>Action Matrix v</b></p> <p>The Action Matrix was presented and updated as follows:</p> <p><b>17:136 Flu Campaign</b> Discussions are ongoing across PL and the campaign has been incorporated into the winter communications plan. Jackie Hanson confirmed that Vanessa Morris, Infection Protection Control Lead Nurse is leading on this and she would obtain an update and email to Members. Clinicians expressed concern regarding supply of the vaccine and the impact this may have.</p> <p><b>18:15 MH Act Code of Practice</b> This would remain amber until ELHT have signed off the Protocol.</p> <p><b>18:74 Committees in Common</b> The ToR required amendments and would be presented back to the CiC in August then to the September GB for ratification.</p>	<p><b>JH</b></p> <p><b>AM</b></p>
<p><b>18:110</b></p>	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
<p><b>18:111</b></p>	<p><b>Sub Committee &amp; Stakeholder Minutes</b></p> <p>Debra Atkinson, Head of Corporate Business presented the report which was in a different format this month and included the Sub Committee minutes in full together with relevant stakeholder minutes. This followed a number of queries from members previously regarding the summarised minutes, recognising that sharing full minutes provides more transparency in terms of decision making.</p> <p>Members received the Terms of Reference for the Primary Care Committee which had been amended to include the GP and Practice Manager representatives as full voting members, to ensure ongoing clinical representation. Members were asked to ratify the changes with a review in 6 months time to ensure the concerns regarding Col are being managed.</p> <p>It was noted that the Sustainability Committee had not met since April and the next meeting was scheduled for 17 September. The Committees in Common (CiC) met on 20 June 2018 and once ratified by the Committee in August, the minutes would be presented to the GB in full in September. Locality Steering Group summaries were also attached, together with stakeholder minutes.</p> <p>Debra asked Members for their view on the revised format of the report and presentation of full minutes.</p> <p>Sharon Martin pointed out that some Committees are divided into Part 1 and Part 2 and gave the example that the IAPT paper from the Committees in Common was presented in Part 2 of the Governing Body. There is therefore a need to agree how the minutes of the CiC will be presented to the Governing Body. There is also a need to be clear when considering papers as to how commercially sensitive issues are minuted and to ensure consistency, with the suggestion that those parts of the minutes which are commercially sensitive are redacted when presented to Part 1 of the Governing Body.</p>	

	<p><b>ACTION:</b> Proposed that the Partnership Leaders Forum minutes are included within the report.</p> <p><b>RESOLVED:</b> that Members welcomed the revised format of the report and approved the Primary Care Committee Terms of Reference.</p>	<b>PH/MY</b>
<b>18:112</b>	<p><b>Governing Body Assurance Framework</b></p> <p>Jackie Hanson, Director of Quality &amp; Chief Nurse presented the report which was to be reviewed by the Governing Body twice a year and links the strategic objectives to risks and the controls and assurance in place.</p> <p>In terms of content, following a review of all corporate risks, the Assurance Framework holds seven risks associated with the achievements of the CCG's Strategic Objectives, six of which were in line with the BwD CCG Assurance Framework, noting that EL had an additional risk relating to QIPP. During the review, two risks were closed and three new risks moved forward to 2019/20. It was noted that the PL Quality Committee had delegated authority for the management of risks held on the Corporate Risk Register and a joint report is reviewed on a bi-monthly basis.</p> <p>Debra Atkinson had led a piece of work to review how the risks are presented and developed a revised format to provide more detail and track the changes over time to aid understanding. Members felt the revised format was much improved and thanked Debra for her input. It was recognised that there has to be the level of scrutiny that we are mitigating the risk and it was felt the revised format provided the right tool to do this.</p> <p>The Chair referred to the QIPP risk that BwD CCG don't share. It was confirmed the risk owner for QIPP is the Sustainability Committee and that is where the scrutiny will take place.</p> <p>David Swift considered the CCG are facing a risk in respect of the number of staff we are losing to the new organisations. Jackie confirmed that representatives from all areas of the CCG attend the monthly Risk Management Meetings and issues are addressed equally. The risk in relation to transition will be considered through that Committee.</p> <p>The Chair felt that monthly Risk Committees are too infrequent. Debra advised that risks are also considered at the monthly PL Quality Committee and twice yearly at the Audit Committee and Governing Body. Internal Audit have given significant assurance regarding the processes in place and there was reluctance to meet more frequently.</p> <p><b>RESOLVED:</b> that Members receive the Assurance Framework, noting that the risk in relation to transition will be included on the Risk Register and considered through the Risk Management Committee.</p>	
<b>18:113</b>	<p><b>NHS E – CCG Annual Assessment</b></p> <p>Mark Youlton, Chief Officer presented the report which provided details of the CCGs annual assessment and confirmed that the headline rating for 2017/18 for NHS EL CCG is Good and the CCG has maintained a level as we have done over a number of years. A summary of key areas of strength and areas of good practice were outlined at Annex A to the report</p>	

	<p>Mark confirmed that across L&amp;SC, 7 of the 8 CCGs were rated as good, noting that Morecambe Bay CCG was rated as Requires Improvement. He advised that for 2018/19 there will be an annual assessment, but during the year there will be quarterly system assessments. There were also a number of outstanding CCGs across the country, notably Airedale and Bradford CCGs locally.</p> <p>Key areas for improvement related to a negative and increasing deficit. Kirsty Hollis advised there had always been a positive gap regarding the run-rate, however as the CCG has not recurrently delivered the QIPP savings, this is an area for improvement.</p> <p>The Chair thanked Mark for a positive story and asked that the details are featured at the AGM in September.</p> <p><b>RESOLVED:</b> that Members receive the report and note the headline rating of <b>Good</b> for EL CCG.</p>	<b>MY</b>
18:114	<p><b>Communications &amp; Engagement Strategy</b></p> <p>David Rogers, Head of Communications and Engagement presented the proposed Communication and Engagement strategy for the next two years. The report outlined the specific functions of communications and engagement, particularly as we move towards integration and to support the implementation and mobilisation of plans arising from the Together a Healthier Future. The report set out the goals and outlined the objectives to achieve those goals.</p> <p>David pointed out that the team is managing a lot of complexity in the system and there is a fear we will lose sight of the patient. He felt there is a need to remind ourselves that patients and communities are at the heart of all of this work, recognising that 90% of the contact is in primary care. He referred to the innovative work coming through from the localities, particularly Burnley and Ribblesdale.</p> <p>In terms of managing the system changes of transformation, the report outlined proposals to move to closer working with communications and engagement teams for all the partner organisations. The report included a paper that had been presented to the PL Finance &amp; Investment Group (FIG) outlining proposals for a phased approach to integrated working and David confirmed that he is working closely with the Head of Communications at ELHT to progress this, with a view to operating as one team in one location, which will be beneficial for everyone. It was agreed this is a good opportunity to develop a joined up Communications and Engagement Plan, highlighting collaboration between secondary care, communities and the third sector, to understand the benefits of working across PL. The Chair felt that setting out the intention and the spirit in how this will work is very positive.</p> <p>Sharon Martin referred to the report to the FIG and the points outlined under Para 5.3 relating to commissioning and provider functions and the need for separation around the two. She pointed out that the team could be drawn into some difficult situations, particularly relating to procurement and there are some legal areas where we would need some separation. The GB need assurance that boundaries can be agreed. If there is challenge we need to evidence the terms we have agreed to work to and suggested a MoU be established and signed by all organisations. It was felt this issue should go back into the PL programme work.</p>	

	<p>Members felt the CCG is fortunate to have David Rogers leading this work and paid tribute to the way he is engaging and transforming communications to ensure people can access the right services, together with his good work in managing the two teams across PL with the complexities</p> <p>The Chair thanked David for his report and for the work ongoing which is supported by the Governing Body.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>▪ Further discussion with Dionne Standbridge regarding the issues relating to separation and the suggestion for an MoU to be drawn up.</li> <li>▪ Further discussion at CiC for both CCGs to consider the separation issues.</li> </ul> <p><b>RESOLVED:</b> that Members receive the report.</p> <p>Dr Mackenzie and Dr Dziobon left the meeting at 3:50pm.</p>	<b>DR</b>
18:115	<p><b>Together a Healthier Future Integrated Health &amp; Care Partnership – Final Pennine Plan</b></p> <p>Mark Youlton presented the final Pennine Plan which has been evolving over a considerable period of time. Each organisation within the Pennine Lancashire system is required to formally approve the Plan as the overarching blueprint for health, care and wellbeing transformation in PL which will hold organisations to account.</p> <p>If the Plan is supported by all organisation, it will be formally launched across the PL partnerships at the celebration event on 19 September at Blackburn Cathedral.</p> <p>Discussion followed and it was recognised that feedback on the Draft Pennine Plan was very were supportive of the proposals. Michelle was disappointed that under the heading of Joined-Up Care and Support, there was no mention of Community Connectors, which she considered to be an important part of our work towards prevention. Sharon Martin pointed out that community connectors sit within the voluntary sector and referred to a piece of work being undertaken by Dr Sakthi Karunanithi on a different model and he was to be invited to the Out of Hospital Joint Implementation Group to discuss further. It was noted that Community Connectors were referenced in Para 8.9 of the Plan, however Michelle asked that this work is referenced under My Healthy Community.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>▪ A request for the work of Community Connectors to be referenced under the heading of My Healthy Community.</li> <li>▪ Paragraph numbering to be reviewed under Section 6 (6.3 missing)</li> </ul> <p><b>RESOLVED:</b> that Members Approve the Pennine Plan.</p>	<b>MY</b>
18:116	<p><b>JC CCGs Minutes – 7 June 2018</b></p> <p><b>RESOLVED:</b> that Members receive the minutes of the Joint Committee of CCGs held on 7 June 2018.</p>	

18:117	<p><b>Well Burnley Wood</b></p> <p>Mark Youlton presented the report which outlined the context for the CCG's commission of the Well North Programme in East Lancashire and provided a summary of the work ongoing in Burnley Wood. Members also viewed a short film which provided an insight into the work ongoing in Burnley Wood, and confirmed the strengthened key relationships across a number of sectors to achieve a step change in improvements for the Burnley Wood community.</p> <p>Dr Davis has been actively involved in this work and provided an update. He confirmed that Well North provided a better structure to take this work forward, recognising that the biggest success will be how we can replicate this in other areas across East Lancashire.</p> <p>Sharon paid tribute to Dr Davis for his leadership at the outset and considered the work he has done in that community is phenomenal.</p> <p>Mark pointed out that as a legacy from him, he considered this is what the CCG is about. The only way we can make a difference to the people of EL is by extending what we are doing in Burnley Wood. He said it is important to maintain this as a fundamental approach wherever we can and hold ourselves to our values by behaving in this way.</p> <p>Dr Huxley felt there is a need to consider how we do replicate this. It was helpful to have Dr Davis in his clinical leadership role, having the knowledge and inspiration to carry this through via the ICP. It is picked up through the PL Plan and it is important to ensure the resources are available to structure this around a network and neighbourhood.</p> <p>Comments from the contributors to the film were also shared with Members. Kirsty Hollis pointed out Kirsty Slinger, Burnley Locality Manager has been instrumental in working with the locality and had received the comments, which outline what this work means to those in the Burnley Wood community.</p> <p><b>RESOLVED:</b> that Members receive the report and will consider the learning and how to replicate the approach in other areas across EL.</p> <p>Dr Davis and Dr Warren left the meeting 4.05</p>	
18:118	<p><b>Finance Report</b></p> <p>Members received the Finance Report for the three month period to 30 June 2018 Kirsty advised there was currently not sufficient data to base the forecast on, however the CCG was forecasting achievement of the financial targets.</p> <p><b>RESOLVED:</b> that Members receive the report.</p>	
18:119	<p><b>Analysis of Cumulative Surplus</b></p> <p>Kirsty Hollis presented the report which was in response to a query from Members regarding the build-up of the CCG's historic retained surplus.</p> <p>The report provided a detailed explanation of the position, together with an analysis of the build-up of cumulative surplus. There is a nationally mandated business rule for all CCGs to have a historic retained surplus of at least 1% of its opening recurrent revenue resource limit. She confirmed the CCG inherited</p>	

	<p>a surplus of £11.5m from the PCT and was allowed to spend some of the surplus over a period of time. The CCG has also delivered additional surplus over time, some of which was mandatory and some voluntary. It was also confirmed that the timing for any CCG to be able to access and utilise retained surpluses has to be agreed by NHSE and the Treasury</p> <p>The Chair thanked Kirsty for her helpful briefing, which he felt should form part of the Annual Report.</p> <p><b>RESOLVED:</b> that Members receive the report for information.</p>	
<b>18:120</b>	<p><b>Quality Assurance Report</b></p> <p>Jackie Hanson presented the report which outlined quality assurance and quality improvement matters for the CCG and local provider organisations and drew Members attention to two key points.</p> <p>The Gosport Independent Panel Report into concerns raised by families regarding the care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths has now been published. Work is ongoing to look at the learning which will be disseminated through the PL Quality Committee in due course.</p> <p>Following an independent review into the widespread failings of Liverpool Community Health Trust, the report has been published which highlights issues similar to those in Mid Staffs and the Keogh report. The report outlines how the cost improvement programmes imposed by the Trust to gain Foundation Trust status put patients at risk. There were also failings in CCGs in terms of their level of challenge to the Provider. The report has been included on Provider agendas to ensure learning is embedded as the system starts to change.</p> <p><b>RESOLVED:</b> that Members receive the report.</p>	
<b>18:121</b>	<p><b>Contracts, Quality &amp; Performance Report</b></p> <p>Sharon Martin, Director of Performance &amp; Delivery presented the report which provided an update in relation to contract, quality and performance exceptions for Month 2 and drew Members attention to key points.</p> <p>A&amp;E performance remains a challenge, recognising that improvements have been made however Mental Health 12 hour breaches have impacted and there is a significant amount of work ongoing to mitigate this.</p> <p>The Referral to Treatment standard identified that there are currently seven patients waiting over 52 weeks. These were not EL patients, however the report outlined how these cases are being addressed.</p> <p><b>RESOLVED:</b> that Members receive the report.</p>	
<b>18:122</b>	<p><b>A&amp;E Delivery Board Chair's Reports – May and June/July</b></p> <p>Members received the A&amp;E Delivery Board Chairs Reports for May and June/July and particular attention was drawn to the update on the Emergency Care Pathway Clinical Model. This had been considered at the Senior Clinicians meeting and a Business Case was currently being developed which would be presented to the Committees in Common when complete.</p>	

	<p><b>RESOLVED:</b> that Members receive the report.</p>	
18:123	<p><b>Chief Officer Update</b></p> <p>Mark Youlton, Chief Officer presented the report which provided an update on issues that have taken place since the last formal Governing Body meeting in June 3018.</p> <p>Members were advised that Paul Baumann, Chief Finance Officer for NHS England is to leave the NHS to become the Receiver General for Westminster Abbey. In view of the closer working of NHS England and NHS Improvements, there would shortly be an advertisement for a joint Chief Financial Officer across both organisations.</p> <p>There was an expectation that the system will have to move quickly to work jointly.</p> <p><b>RESOLVED:</b> that Members receive the report.</p>	
18:124	<p><b>Any Other Business</b></p> <p><b>18:124.1 Items for inclusion on the Corporate Risk Register</b></p> <p>It was agreed that transitional arrangements and workforce structures relating to the development of an ICS and LICP be included on the Risk Register.</p> <p><b>18:124.2 Farewell Messages</b></p> <p>Michelle Pilling pointed that as this was the last formal meeting of the Governing Body for Phil Huxley, Jackie Hanson and Sharon Martin she wished to say a few words.</p> <p>Michelle said it has been a pleasure to work with Sharon. We will all miss her smile, energy, enthusiasm and ability to pick up the toughest of challenges and take on the harshest of critics. But she has approached each situation with dignity in her usual calm, pragmatic way and risen above the critics. We wish her well in her new role and the success she deserves.</p> <p>She said it was with great sadness and admiration that we say goodbye to Jackie, for now. She paid tribute to her leadership which is supportive and empowering, and for her constant focus on quality, combining care with compassion and for being a great leader of a fantastic team. On a personal level Michelle thanked Jackie for her help and support over the last 4 years at Quality Committee and for her gentle guidance and encouragement. Jackie is recognised and respected as a leader across local and regional teams and it is with this knowledge that we wish her well in your new role.</p> <p>Michelle pointing out that as with all good leaders, Dr Huxley as Chair has remained true to what he believes in; he has led by example, never given up and one of his greatest assets is the way in which he values all others and leads with generosity, together with the constant dilemma of being a provider whilst wearing a commissioners hat. In acting selflessly and honestly, he has taken sometimes difficult decisions in the interests of the people we serve, putting aside any personal interests and acting objectively and independently. Through the Pennine Programme Phil has continued to build</p>	

	<p>relationships on all sides, bringing together primary and secondary care across the system.</p> <p>She paid tribute to Phil for his authentic leadership, for leading the CCG with the highest integrity; for being committed to building enduring relationships through the Pennine work with commissioners, providers and wider stakeholders and most of all for promoting the importance of compassion at every level.</p> <p>In response, Sharon thanked the Governing Body for their support and felt she has learned so much over the last few years. Jackie also thanked Michelle for her kind words and support received from Members.</p> <p>Dr Huxley thanked Michelle for her generous and kind words. As a GP in this area, he wants to get back to grass roots but still be connected and felt it will be interesting to see how the system evolves. He considered it to be an honour being in the position of Chair, pointing out there is a sense of duty that comes with leadership. The Governing Body has been phenomenal; the elected GPs and Executive Team work with such energy and compassion, always striving for excellence and he valued the careful thought and input of the Lay Members which makes the GB very effective.</p>	
<p><b>18:125</b></p>	<p><b>Date Time of Next Meeting</b></p> <p>The next meeting is the AGM and Governing Body and the date was confirmed as <b>Monday, 24 September 2018.</b></p> <p><b>NB: It has since been necessary to change the date of the next meeting to Monday, 26 September 2018, commencing with the AGM at 12:30pm followed by the Governing Body at 1:45pm at Walshaw House.</b></p>	