NHS East Lancashire CCG Council of Members

Minutes of the Meeting held on 12 July 2018
12:30 in the James Hargreaves Suite, Burnley Football Club

PRESENT:		
Dr Phil Huxley	CCG Chair	
GP Practices Represented: ▪ Kiddrow Medical Practice ▪ Prestige Medical Group ▪ Clayton Medical Practice ▪ Whitefield Healthcare ▪ Nelson Medical Practice	▪ ELMS Federated Practice ▪ Barrowford Surgery ▪ Pendle View Medical Practice ▪ Colne Family Doctors ▪ Pendle Medical Partnership	▪ Harambee Medical Centre ▪ Pendleside Medical Practice ▪ Dr Mackenzie & Partners ▪ Drs Moujaes & Mannan ▪ Irwell Medical Practice
In Attendance:		
Debra Atkinson Sharon Martin Michelle Pilling David Swift Vanessa Warren Mark Youlton Anne MacLeod	Head of Corporate Business Director of Performance and Delivery Lay Member - Quality & Patient Engagement Lay Member - Governance GP & Clinical Lead – Ribblesdale Chief Officer Corporate Administration Manager	

Min Ref:		ACTION
18:04	**Welcome & Opening Remarks** **Quoracy : 35 Members** The Chair welcomed members to the reconvened meeting. He referred to the meeting held three weeks previously when Members were presented with a recommendation from the Governing Body (GB) outlining changes to the management structure. Following discussion it became apparent that more work was required to provide clarity and enable members to understand the implications, together with the risks and benefits to the proposals and it was agreed to reconvene the meeting. Dr Huxley confirmed that further information has been issued to all Practices since that meeting. Within the system the words are integration and partnership and this is the way CCGs will be asked to work across PL, EL and the neighbourhoods. We need to foster the expectation of integration and one of the ways to do this is to align commissioning across PL in a more consistent way. We have an opportunity to bring together an Accountable Officer for two CCGs, but need the agreement of the membership to do this. In addition the LICP will bring commissioning and providing more closely aligned, and we want to be able to promote a Medical Director across PL Dr Huxley introduced Mark Youlton to provide further information.	

Minutes approved by the Chair: 6.8.17

18:05	**Succession Planning within an Integrated System** Mark Youlton introduced himself and gave a presentation which provided a detailed outline of the proposals to move towards a Joint Chief Officer within an Integrated Care System (ICS). The presentation included a detailed visual which had been shared with Members following the last CoM meeting and outlined the framework for the PL Integrated Care Partnership (ICP). Mark explained that the NHS is going through a process of change which is not driven by statute, but there is a view that integration is the way forward. He pointed out that the L&SC ICS has no statutory responsibilities but a Joint Committee of CCGs has been established, with designated decision making powers which bind CCGs to decisions in relation to specific issues, particularly Mental Health & LD and a review of Stroke Services. These areas have been agreed by the eight CCGs, as statutory organisations, and will be considered once across Lancashire. The Joint Committee includes representation from the L&SC CCGs and has an independent Chair. In response to queries as to where the clinical voice will be, Mark confirmed that both CCGs will remain. For EL CCG, the GB has a clinical majority and a clinical Chair and he was pleased to confirm that from September, Dr Richard Robinson will take up this role. The Local Integrated Care Partnership (LICP) will bring organisations together to deliver the best services possible for the residents of East Lancashire. Reference was made to the PL Transformation Programme and the Partnership Leaders Forum which consists of leaders of the organisations across Pennine Lancashire. The Medical Director lead will be a member of the Partnership Leaders Forum and will also sit on the EL Governing Body and Executive Team, and will be a very important role in the new system going forward. Mark highlighted the importance of having strong localities and referenced the continued development of the eight Primary Care Networks which will focus on primary care, with community services wrapped around them, providing locality based care. He went on to describe the membership of the Executive Team, recognising that within the next few months only two members will remain in EL as Sharon Martin and Jackie Hanson have obtained promotion elsewhere. However Mark had every confidence in the CCGs second level of the structure to take this work forward. He advised that both CCGs are continuing to work increasingly closer and have an established PL Quality Committee and PL Clinical Reference Group where decisions are now taken once. The national focus is integration and this could be delivered better if we move to a joint post. The CCG is facing a reduction in running costs by 20% next year and the appointment of a Joint CO is a pragmatic solution to where we find ourselves. We need a strong EL community voice for the system going forward and the proposal is to establish a LICP which will be medically led by an EL GP. CCG staff will start to work as part of the LICP and local Health & Wellbeing Partnerships (H&WP) will continue as they are working well and bring more opportunities for closer working with a wide range or organisations. The CCG has a partnership with Burnley Football Club and is working to develop a partnership	

with Accrington Stanley which will provide access to a significant amount of people. There is a strong ethos for working with the voluntary sector and Mark referenced the work ongoing to develop community navigators.

Dr Huxley advised there have been a number of discussions since the last meeting and questions have been put forward which we have tried to address by email. He pointed out that if members do not endorse the recommendation for a Joint CO, a contingency plan will have to be put in place as Mark Youlton leaves the organisation at the end of December. It will be necessary to agree the way forward with NHS E to ensure the CCG meets its statutory obligations.

He went on to advise that a few months ago NHSE asked CCGs to consider a number of options which included having one Chief Officer across L&SC. This was not supported and it would be a difficult discussion with NHSE if we have to discuss advertising for a CO for EL.

Dr Garda had submitted a question in advance of the meeting requesting clarity in relation to proportionality and a response had been provided by email. He hoped this can progress so that we can all develop a system that we are happy and satisfied with. He felt this is the first step which he supported and endorsed.

Reference had been made to the merging of CCGs. Members were advised that there is uncertainty and CCGs continue to have a statutory responsibility, however it is important to work in a pragmatic way to manage the evolving issues in terms of partnership working.

To provide further clarity, Mark confirmed that the two GBs will remain and the CO will take views to make a judgement and influence the recommendations. There will need to be compromise and negotiation and it is anticipated the CO will facilitate a decision that is supportive of all. Considerable thought has been given to this proposal, with a number of strengths that we should take this forward. It was considered the biggest negative is that there are two GBs to work with and a need to manage the financial position of two organisations as both CCGs need to deliver individually.

The Executive Team will make decisions that will influence both CCGs and members asked how different views will be streamlined. It was confirmed that the PL Quality Committee is already established and brings expertise from both organisations to make decisions together. The Committees in Common has also been established to reflect the differences across the two organisations and achieve a commissioning decision that is aligned to both organisations.

Dr Mervin felt that the only thing that is preventing the formation of a joint organisation is that the CCGs are the statutory bodies. She asked if the statute ceased, will the CCGs function as one organisation across PL. It was considered that this would be the direction of travel and we will try to ensure that in building the structure now, EL is proportionately heard as we serve the larger population.

Discussion followed and concerns were expressed regarding proportionality and representation. Dr Huxley advised that as a CCG we have agreed that a practice with 3000 patients has the same vote as a practice with 10,000 patients, which works well.

As finances are remaining separate, Dr Garda asked why should there not be two Medical Director leads, to provide a proportional GP voice to shape the Executive Team functions. It was confirmed that EL currently have two medical directors on

	the Executive Team as opposed to one in BwD. It was important to remember that the Executive Team have some decision making responsibility, but the Committees in Common (CiC) will make low level SFI decisions regarding commissioning decisions, which will be ratified by the GB and clinicians will be able to influence those decisions. It was considered that if we are all working in a similar streamlined way, decision making will be more transparent. Dr Mannan agreed it makes sense to work together and the finer details can be worked out. His concern was that almost 50% of CCG funding is going to the Acute Trust and there is a need to bring work out to primary care and the system needs to enable this to happen. The Chair thanked Members for their input and reminded them of the recommendation to: ▪ Ratify the Governing Body's recommendation to appoint a Joint Chief Officer across East Lancs and BwD CCGs; ▪ Endorse the approach to establish a Medical Director lead for the Local Integrated Care Partnership (LICP) He highlighted the need to be able to make a decision by the following week to enable plans to progress. However, the meeting was not quorate and members who were not able to attend would be asked to submit their vote electronically. The Chair asked those members present to cast their vote in support of the recommendation, the outcome of which highlighted ▪ 10 Practices supported the recommendation ▪ 3 Practices did not support the recommendation Locality leads were asked to encourage their locality colleagues to respond with their electronic vote. The Chair thanked everyone for attending and invited members present to attend the NHS 70 Tea Party which was taking place in the Community Rooms at Turf Moor. The meeting closed at 1:15pm	

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