

**Meeting held on Thursday 25 September 2014  
Meeting room 231, Second Floor, Preston Business Centre,  
Watling Street Road, Fulwood, Preston PR2 8DY**

**Present:**

Dr Chris Clayton (Chair) Blackburn  
Dr Ann Bowman – Greater Preston  
Dr Tony Naughton – Fylde & Wyre  
Dr Amanda Doyle – Blackpool

Mrs Jan Ledward - Greater  
Preston/Chorley & South Ribble  
Mr Peter Tinson – Fylde & Wyre  
Mr Mike Maguire – West Lancashire  
Mr David Bonson – Blackpool

**In attendance:**

Mrs Linda Riley - LCSU  
Mr Carl Ashworth – LCSU  
Ms Samantha Nicol – Healthier  
Lancashire Programme (item 3)  
Mr Martin Clayton – Area Team (item 6)

Mr Mark Youlton – East Lancashire  
Mrs Jill Truby – Network (minutes)

**1. Welcome, apologies for absence and declarations of interests**

Dr Chris Clayton welcomed everyone to the meeting. Apologies for absence were received from Dr Mike Ions, Dr John Caine, Dr Gora Bangi, Dr Alex Gaw, Mrs Debbie Nixon, Mr Andrew Bennett, Ms Karen Sharrocks and Mr Andy Roach. It was noted that there was no representation from Lancashire North; therefore the meeting was not quorate. There were no declarations of interests in relation to agenda items.

**2. Minutes of meeting held on 28 August 2014**

Minute 2.2 Specialised Commissioning – final sentence to read “Mrs Ledward informed the group that the National Commissioning Specialised Services Task and Finish Group was meeting .....

Minute 4 Network Governance

Following sentence to be added after “A wide ranging discussion followed. Mr Maguire suggested that contribution to Lancashire collaborative schemes should be proportional to the contract financial values not per head of population wherever possible. Various opinions were expressed .....

Subject to the above amendments the minutes of the meeting held on 28 August 2014 were accepted as an accurate record.

**3. Matters arising and action sheet**

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

**4. Healthier Lancashire**

Dr Clayton welcomed Ms Samantha Nicol to the meeting. Dr Clayton reported that regular meetings were being held and it was noted that the next Leadership forum scheduled for 2 October would be in the format of workshops. Ms Nicol introduced herself and gave a presentation on Healthier Lancashire. Highlights of the presentation included:

Background:

- Historic timeline and key milestones that have been undertaken in the last 12 months.
- The case for a ‘Health and Care Strategy for Greater Lancashire’ was promoted by the Lancashire Leadership Forum throughout 2013.
- Strategic workshops took place end 2013.
- Followed up by a paper presented to key partners and the 3 Health & Well Being Boards.
- Key work streams were set up March 2014 to establish some foundations for the programme.

- Substantive Programme Director, in place from September 2014.

Commitment:

- Taken from the draft Strategic Framework – due to be released on 30 October 2014

This reminded members of what they have already agreed to.

Progress so far:

- Lancashire Leadership Forum meeting quarterly and Healthier Lancashire Executive in place
- Enabling projects:
  - Digital Health
  - Listening to Lancashire
  - Leadership Collaboration
- Operational Projects:
  - In-hospital
  - Out of Hospital
  - Neighbourhood Pilots
  - Third Sector
- Sustainability Assessment Framework (SAF)
- Programme Management Office in set up phase
- Initial key stakeholder conversations underway

System management – creating a programme

- Phases and outputs
- Timeline
- Process for services change

The Healthier Lancashire Programme will be structured into five stages

- Mobilisation
- Design
- Implementation
- Delivery
- Procurement, contracting and delivery
- At the end of each phase there will be a clear commitment point before moving into the next one

Illustration of the process for system wide services reconfiguration:

- The process for whole system reconfiguration is about ensuring recommended preferred options are based on the whole system reconfiguring, including primary care.
- In phase one, mobilisation, a commitment is needed from all statutory organisations involved to work together collaboratively. This leads into the need for a robust case for change – a public facing document that creates the momentum for change. Prior to beginning the co-design of services in the new system it is vital that quality standards are set. They are another way of showing what needs to change and why and they enable the setting of priorities for action and are a way of engaging with a larger constituency. The co-design requires the right people to be together to design the possible service models and a particularly important part for the in-hospital group is the work on the clinical interdependencies. This process looks at many aspects.
- A vast array of options is necessary.
- The process sets out the key activities, but is based on the psychology of co-design and of the need to engage people and more importantly to not close down options before it is necessary, leading to a high level of innovation and improvements.

Next steps:

Governance Structure

- Establish Programme, Clinical and Stakeholder Boards
- Define 'purpose' and develop narrative and visual identify
- Agree finance and resource needed
- Set up PMO and put processes in place
- Re-launch work streams
- Collaborative Leadership – progress, incorporate 'cultural change' element
- Develop programme plan
- Agreement to mobilise

General discussion ensued and it was agreed that Healthier Lancashire would become a standing item on future Network agendas and detailed information around resources would be on the October agenda. In response to a question from Mr Maguire, Ms Nicol confirmed that the programme included mental health for all residents regardless of age.

## **5. Collaborative Commissioning Board governance arrangements**

Mr Peter Tinson reported that the terms of reference had been shared and would be signed off at the first meeting of the Collaborative Commissioning Board (CCB). There was some discussion around future meeting dates and these would be agreed at the first meeting.

## **6. Primary care costs**

Further to a request at the July meeting of the Network, members received financial information relating to primary care costs split by CCG. Mr Martin Clayton attended from the area team and took questions from members relating to the information provided. It was noted that all CCGs would receive details of the models available, budgets and the various options of support. There would also be proposed models for conflict of interest and performance. It had been agreed to extend ability to change constitutions to end of December. Members agreed that it would be useful to have a model constitution.

Mr Clayton took the opportunity to update the Network around the NHS England organisational alignment capability programme. Mr Clayton was thanked for attending and updating the Network.

### **6.1 Conflicts of interest**

Deferred to await national conflicts of interests policy.

## **7. Network governance update**

It was considered that the Network governance would continue as originally agreed based on the CCB.

## **8. Stroke update**

Mrs Ledward presented a stroke update.

Introductory briefings will be prepared that will give people, particularly those who have not engaged as yet, time to catch up with the overall aims of the review, background context and progress to date. In addition to this early engagement process, there is further work to ensure continuing communication and consultation with CCG membership, other representative bodies, such as voluntary organisations, practice-based patient participation groups and locality forums and links to groups that are hard to reach. A detailed communications plan will be developed which will set out the basis for on-going communication and engagement between the programme, CCGs and key stakeholders including statutory bodies, provider organisations, public, patients and carers.

CSU is looking at options, numbers, travelling time etc. A GP from Blackburn with Darwen has been appointed to the clinical senate primary/secondary work stream for Lancashire. Dr Doyle agreed to share Blackpool's work.

### **The Network:**

- Noted the contents of the report

## **9. Individual Patient Activity Programme Board update**

Mrs Linda Riley updated members in relation to the current status of IPA services provided by the CSU across the Lancashire CCGs footprint.

The CCGs had advised the following to be taken forward which was agreed at the Customer Forum:

- The CCGs to take ownership of the IPA Programme Board with immediate effect
- To secure independent external expertise to work with us to further review areas of concern
- To work jointly to look at alternative options for service provision of Lancashire CCG IPA services.

The CSU is keen to work with CCGs to secure the above outcomes but has so far not been able to secure CCG chair ownership to the programme Board in order to progress the above areas.

All elements of the service will continue to be updated and provided through the IPA programme Board with necessary and appropriate updates to the CFO and / or Customer Forum.

A detailed action plan had been put in place following the review by KPMG. Mrs Riley reported that the next scheduled meeting of the programme board is to be cancelled and used as a workshop.

Members agreed that it was not about money/numbers but interfacing with the most vulnerable patients Lancashire is responsible for. Mrs Riley confirmed that in future quality indicators would be submitted to the Network.

Members also received a copy of a monthly report advising on the highlights of work stream performance within the Individual Patient Activity Function of NHS Midlands and Lancashire Commissioning Support Unit. Members noted the contents of the report.

#### **10. CSU services**

Members received a copy of a letter sent by Blackpool CCG on behalf of all Lancashire CCGs in relation to commissioning intentions for the CSU services in 2015/16. Representatives from each of the Lancashire CCGs had met on 5 September to obtain a collective view of their respective commissioning intentions for CSU services from April 2015. The Network was informed that this would be the only item at the next customer forum.

#### **11. 111 Procurement**

Mr David Bonson gave an update around progress of NHS 111 service. CCGs were asked for their co-operation in delivering their CCGs approval to the procurement to enable implementation of the new contract before winter 2015. Item to be included on next CCB agenda.

#### **12. CAMHS SRO**

Following the departure of the SRO for the CAMHS programme there was a need to consider the SRO function moving to another CCG. After discussion it was agreed in principle that Dr Ann Bowman would continue as clinical support and that Blackburn with Darwen would consult as to what was required. Dr Clayton to ask Mrs Nixon and Mr Hopley to action.

#### **13. Minutes from other meetings**

##### **13.1 CAG**

The minutes of the Collaborative Arrangements Group meeting held on 9 September 2014 were noted for information.

##### **13.2 Quality Surveillance 10/7/14**

The minutes of the Quality Surveillance meeting held on 10 July 2014 were noted for information.

#### **14. Any other business**

14.1 Community Equipment Store – an update from Hilary Fordham, Lancashire North to be circulated.

**15. Date of next meeting** – 30 October 2014, Meeting room 1, Conference Suite, Floor 1, Preston Business Centre, Area Team/Specialised Commissioning in attendance.