

**MEETING OF NHS BLACKPOOL CLINICAL COMMISSIONING GROUP  
GOVERNING BODY  
HELD IN COMMON WITH NHS FYLDE AND WYRE CLINICAL COMMISSIONING GROUP  
GOVERNING BODY  
ON TUESDAY 7th JULY at 1.00pm  
HELD VIA MICROSOFT TEAMS VIDEOCONFERENCE**

**Present:** Mr R Fisher, CCG Chairman  
Dr A Doyle, Chief Clinical Officer  
Mr D G Edmundson, Lay Member (Governance)  
Mr C Brown, Lay Member  
Mrs H Williams, Lay Member (PPE)  
Dr C Augustine, GP Member  
Dr A Rajpura, Director of Public Health  
Mr D Bonson, Chief Operating Officer  
Mr A Harrison, Chief Finance Officer  
Dr I Stewart, Secondary Care Doctor  
Ms J Scattergood, Director of Nursing and Quality

**In Attendance:** Dr A Janjua, Chair (in the chair), Fylde and Wyre CCG  
Mr M Nuttall, Lay Member (Governance), Fylde and Wyre CCG  
Mr K Toole, Lay Member (PPE), Fylde and Wyre CCG  
Dr K Greenwood, GP Clinical Member, Fylde and Wyre CCG  
Dr P Benett, GP Clinical Member, Fylde and Wyre CCG  
Dr J Panesar, GP Clinical Member, Fylde and Wyre CCG  
Dr B Butler-Reid, Clinical Director  
Dr N Hartley-Smith, Clinical Director  
Mr N Medway, Deputy Director of Nursing  
Mrs Y Rispin, Director of Ambulance Commissioning, Blackpool CCG  
Ms L Shorrocks, Communications and Engagement  
Mrs P Bowling, Secretary to the Governing Body, Fylde and Wyre CCG  
Miss L J Talbot, Secretary to the Governing Body, Blackpool CCG

Dr Janjua welcomed everyone to this 'virtual' Part 1 meeting of the Governing Bodies in common and explained that whilst under normal circumstances the public can attend the meeting, Government social isolation constitute special reasons to avoid face to face gatherings as permitted by legislation. The CCG had published the papers for the meeting on the website and invited questions from the public. Five questions were received and would be responded to at the appropriate point on the agenda. Dr Janjua also welcomed Nick Medway and Lyndsey Shorrocks to the meeting.

**43/20 Apologies for Absence**

Dr V G Chandrasekar, Dr M Williams, Dr L Rudnick, Dr S Singh, Dr M Martin, Dr S Green and A Bate.

**44/20 Declarations of Interest**

Mr Bonson declared an interest relating to the Community Health Services of Blackpool Teaching Hospitals NHSFT (BTHFT), as his partner, Liz Holt is Director of Adult Community Services and Long Term Conditions. If a specific issue arises during the meeting, a decision will be made at that point as to whether David can remain in the meeting or should be excluded from that particular discussion. There were no other declarations of interest relating to items on the agenda.

45/20 **Minutes of the Last Meeting Held on 5 May 2020 and Matters Arising**

The minutes of the last meeting held on 5 May 2020 were approved as a correct record. There were no matters arising. All actions were reported to be complete. In response to Mr Brown's question at the last meeting as to whether the use of reserves and underspends during 2019/20 had an impact on the 2020/21 position, Mr Harrison confirmed that the figures were £3m for Blackpool CCG and £4.5m for Fylde and Wyre CCG and had been included in the opening balance for 2020/21. In response to the question raised at the last meeting about the potential savings at Blackpool Teaching Hospitals, discussions were reported to be ongoing.

46/20 **Chairs' Communications:**

Dr Janjua was pleased that on Sunday 5 July, the 72<sup>nd</sup> birthday of the NHS, the country came together again to applaud the commitment, courage and sacrifice shown by so many. This year had been the most challenging year in the NHS history and those challenges would have been made all but impossible without the help and support of countless individuals and organisations around the country.

With regard to the Fylde Coast, on behalf of the Governing Body, Dr Janjua thanked everybody for their continued efforts and commitment during these unprecedented times. It was accepted that working from home had its challenges and the support of staff in these unusual circumstances was much appreciated. Thanks were also expressed to colleagues, members and partners who responded to the COVID-19 Test and Adjust Survey, the outcomes of which would be shared later in the agenda.

The Annual Reports and Accounts 2019-20 for the Fylde Coast CCGs had been approved and circulated to members, and would be published on the respective CCG's area on the joint website over the coming days. The CCGs are required to present their Annual Report and Accounts to the public at their Annual General Meeting before the end of September 2020. Guidance with regard to the arrangements for Annual General Meetings during the pandemic, is awaited and the Governing Body will be informed of any further information on this as it becomes available.

Dr Janjua referred to Black, Asian and minority ethnic (BAME) having been at the forefront of the NHS agenda in the past few months and said that he felt strongly about this being of Asian origin. The Fylde Coast CCGs have a good level of diversity at Board level with seven members being of Black or minority ethnic origin. The NHS is keen to look at health inequalities and Dr Janjua recently joined a North West meeting of the BAME Strategy Advisory Committee. The meeting was very constructive and well attended and laid some foundations for looking at health inequalities in the NHS. Members will be kept updated on progress.

Mr Fisher concurred with Dr Janjua's comments about the resilience shown by staff during these challenging times.

47/20 **COVID-19 Response - Updates:**

**a) Overview to the National/Regional Response**

Dr Doyle provided an update on the key areas of the national/regional response to COVID-19 as follows:

- Antibody testing is being rolled out. 78% of staff across Lancashire and South Cumbria have had access to this. The positive result rate for staff is 14%. There is increasing evidence to support supposition that there are people that have had exposure to the virus and are not showing antibodies so still a lot to learn. Additional laboratory capacity is being sought to support wider testing.
- PPE has been a cause for concern but supply is meeting demand.

- Fit testing is an ongoing issue as is supply of tracheostomy tubes.
- Focus now on recovery, restoration of business as usual and bringing back elective care and cancer services. Significant increase in people waiting a long time for surgery (number of people waiting has not increased, as rate of referral has dropped, but length of time people are waiting has increased significantly). Endoscopy backlog.
- Working on improving rehabilitation service for patients who recover from COVID-19 as they need intensive therapy for a range of problems after discharge from hospital.
- Risk assessments for staff - focus on both BAME and other staff vulnerable to COVID.
- Bed capacity is good other than in mental health where there is significant pressure on acute beds.
- A further letter was issued today entitled 'stepping back up of key reporting and management functions' which will be circulated to members. The advice remains that face-to-face meetings should continue to be avoided and meetings should be held virtually where possible.
- Financial resource – £1.5bn capital funding to NHS. This is key to addressing some specific actions such the HIP programme (new hospital buildings) of which there is one in Lancashire and South Cumbria.
- Phase 3 planning requirements letter expected next week. It is expected that the financial regime for Phase 3 will run from August 2020 to March 2021 and will be a fixed revenue envelope for each ICS patch.

Members sought clarification on the revenue envelope. It was confirmed that this is for both commissioners and providers and whilst work has begun on calculating the payment the actual amount has not yet been confirmed. It will be made up as follows:

- 1) Fixed element (block payment)
- 2) COVID-19 costs element (which has so far been by claim and reimbursement)
- 3) Top up 'true' funding arrangement

#### **b) Incident Response to the COVID-19 Pandemic: Test and Adjust Review**

Ms Scattergood introduced the item and advised that any National or regional incident or emergency would usually culminate with a debrief and extraction of learning. However, as pandemics are enduring, it was felt by the Executive Team to be prudent to undertake a dynamic assessment of the CCGs' emergency response to test how effective its response had been both internally and externally. Jane extended her thanks to all colleagues, partners and members of the public who had participated in the survey.

Mr Medway presented the findings of the Reviews. He explained the background and survey method of the Internal Review and the four major areas on which the questions were themed which included Managing our People; Identifying and Managing Risk; Managing the Emergency; and Public View. The survey results clearly demonstrated that the Fylde Coast CCGs had risen to the challenge of COVID-19, however, it was clear that the CCGs must remain cognisant that the pandemic was not over, that changes made to 'manage' through the pandemic brought consequences and risks that must be resolved in order to maintain safe services for patients; and that the landscape of health commissioning and provision had changed and would continue to evolve. A collation of the narrative responses and themes were also provided for the CCG to consider in terms of making adjustments as part of their ongoing response to the emergency.

The External Review sought the views of people living on the Fylde Coast to understand how well informed they had felt in relation to the pandemic so far, their experiences of accessing local health services and how they were coping during these unprecedented times. Analysis of the responses found that whilst the majority of people were getting the information they need and were coping fairly well during the pandemic, a number of recommendations were identified and a full action plan will be developed.

Ms Scattergood added that one of the recommendations from the review was around risk assessments for those colleagues with increased vulnerability to COVID-19. The Governing Body was asked to note that the CCGs have provided assurance to NHSE/I on this matter through a formal response.

Members of the Governing Body commended Jane Scattergood, Nick Medway and members of their team on this well-presented, robust piece of work, the outcomes of which were reassuring. In response to a question as to whether the Fylde Coast CCGs could learn anything from other CCGs, it was stated that other CCGs had not yet carried out a similar exercise and had asked the Fylde Coast to share the methodology in order for them to replicate a similar process in their respective areas. Reference was made to the response from half of the respondents that they would not be seeking healthcare at present for fear of getting COVID and reducing the burden on the NHS and that this should be warning sign about there being a lot of people who need healthcare. Dr Butler-Reid responded that the CCGs launched campaigns early on in the pandemic, including a You Tube video, that the NHS was 'open for business' encouraging people to seek help when needed. The campaign had now changed its focus to 'here to help' in view of the enduring nature of the situation.

Dr Janjua added that Jane Scattergood, Director of Nursing and Quality, had just started in her new post at the Fylde Coast CCGs, when the pandemic began and she has done a tremendous job under difficult circumstances, particularly as she had not even had the opportunity to meet many of her colleagues. Jane thanked Dr Janjua and said that she had been supported by an excellent team and looked forward to meeting colleagues properly in due course.

**RESOLVED:**

- (1) That the Governing Body note the contents of the report**
- (2) That the Governing Body note the CCG's assurance provided to NHSE/I regarding COVID and its BAME staff.**

**48/20 Quality, Finance and Performance – Fylde Coast CCGs:**

**a) Quality and Performance Report – Month 12**

Ms Scattergood presented the Quality and Safety Performance Report and advised that this report was written against a context of the provider beginning to feel the pressure of the COVID-19 pandemic and safely hasten discharges and generate capacity in critical care. In addition a significant number of reporting mechanisms were paused, however, Blackpool Teaching Hospitals continued to generate most of these reports and have a dialogue with the CCGs on safety and quality issues.

Ms Scattergood drew attention to some of the achievements and concerns highlighted within the report. There had been 28 breaches of the 12-hour A&E standard in March 2020, all of which were related to patients with a mental health condition. There was an increasing number of cancer 104 day waits, however, each case was being reviewed weekly and COVID-19 cases were being reviewed from this week onwards. These were being reported through the Serious Incident Reporting system and there had been zero (0) harms identified for any patients in January to March 2020. The CCGs were continuing to work closely with Blackpool Teaching Hospitals in terms of monitoring progress in response to the CQC report.

Mr Bonson presented the month 12 summary performance report and advised that the impact of COVID-19 was beginning to show on a range of indicators. The Finance and Performance Committee had considered how they would go about monitoring of performance going forward in view of the changes in reporting mechanisms. The main performance issues arising from the March 2020 report were Referral to Treatment;

Diagnostics; 12-hour mental health decision to admit breaches; and 62-day Cancer Waiting Times. Pathway changes as a result of COVID-19 had resulted in a dramatic increase in waiting times and 52-week breaches. Another significant issue highlighted was the number of people not presenting for cancer treatment and delays in diagnostics.

Mrs Williams commented that the report referred to KPIs for Community Services being included within the report, however, this had been omitted. Mr Bonson agreed to follow this up and ensure this was included in future reports.

*ACTION: D Bonson*

Mrs Williams drew attention to the adverse discharges involving Fylde Coast patients from Neurology at Royal Preston Hospital and asked if lessons had been learned. In response Ms Scattergood advised that there were a small number of adverse discharges that were likely to be against the context of Lancashire Teaching Hospitals trying to hasten discharge in preparation for COVID demand. They were probably patients not properly ready for discharge or inappropriately assessed as ready for discharge. A full investigation of each case was being investigated however, this work was still underway.

**RESOLVED:**

**That the Governing Body note the contents of the report.**

**b) Financial Position – Month 2**

Mr Harrison advised that this month's report was not standard due to the revised financial framework; a block contract arrangement and control total sum. A year to date breakeven position was reported for both Blackpool and Fylde and Wyre CCGs, following COVID-19 top up and retrospective true up.

Attention was drawn to the risks which included CHC increase in cost of packages of care, uncertainty in prescribing trends and co-commissioning. It was noted that guidance was awaited from NHSE/I in terms of financial accountability for the remainder of the financial year.

**RESOLVED:**

- 1) That the Governing Body noted the COVID year to date spend, the retrospective true up allocation amounts and the current risks;**
- 2) That the Governing Body approve the month 2 CCG positions detailed in the appendices.**

**49/20 Planning and Delivery Report**

Mr Bonson provided an update on the development and implementation of plans and key aspect of service delivery highlighting a number of key issues.

The Blackpool SEND Joint Commissioning Strategy had been approved by the Blackpool SEND Board on 13 May 2020 and the Blackpool CCG Governing Body was invited to consider and approve the document. It was noted that all SEND inspections remain suspended at this time.

In response to a question as to when the Extended Access service would be resumed, members were advised that work was taking place to establish how the service could be re-introduced and which would be the priority areas to focus on, however a date was still to be confirmed.

It was confirmed that the Advice and Guidance Service was due to be launched in July 2020 initially with 6 specialties.

The Fylde Coast ICP had made progress in terms of operational planning with a focus on the immediate priorities of frailty, respiratory and outpatients. A process had also been established in the Trust and CCGs to capture changes made as a result of COVID-19.

The Blackpool health system has been selected as an early implementer site for the Think 111 First concept which seeks to build on the development of integrated urgent care by enabling patients to access a range of services following NHS111 assessment, including the direct booking of appointments, to enable patients to receive timely, appropriate care without the need for high acuity, such as Emergency Department attendance.

Mr Harrison suggested that the Governing Body should not lose sight that the focus of efforts on addressing the problems in A&E, have been on the flow of patients through the hospital. Mr Bonson added that this new initiative is aimed at solving crowding in the Emergency Department rather than achieving the four-hour target, however, focus needs to remain on both as the flow is critical to keep the system moving.

Dr Doyle added that this new approach was not just an NHS111 and Emergency Department activity but a huge exercise for the whole system. It was expected that the programme would be rolled out across the country by the end of the calendar year.

Dr Butler-Reid made reference to the ICP decision to relocate the Urgent Treatment Centre away from A&E to free space in response to the pandemic and a resistance from the Trust to move the UTC back. Dr Doyle confirmed that this was a temporary move in response to an emergency situation and as a designated UTC it would have to be relocated back to its original location. If the Trust felt that it was not appropriate to keep the UTC on its current site, for whatever reason, a business case and consultation exercise would be required.

Mr Edmundson sought assurance that there would be an effective communications strategy to support the programme. Mr Bonson concurred that effective communications and engagement were critical and this was being handled not only across the ICS, but also on a national and regional basis. Mrs Rispin added that it was widely recognised how big a challenge this programme was and a Think 111 First Programme Board had been established with a Programme Director leading the project.

**RESOLVED:**

- (1) That the Governing Body note the contents of the report.
- (2) That the Blackpool CCG Governing Body approve the Blackpool SEND Joint Commissioning Strategy.

50/20 **Governing Body Assurance Framework**

Ms Scattergood introduced the item and explained that in line with direction from the Governing Body, the paper was presented in a new and interactive format, comments on which were welcome outside the meeting. The Risk Register and Governing Body Assurance Framework had been updated to include all risks including those relating to COVID-19.

Mr Medway described the constituent parts of the report and the current risks which had been updated as of 12 June 2020. Attention was drawn to the high risks. In terms of the next iteration of the report further work was being done on bringing together overarching risks to ensure an appropriately populated risk register. The rationale for removing any risks from the register was provided.

On behalf of the Governing Body, Dr Janjua extended his thanks to Jane, Nick and the quality team for their work on the development of the new style report which was very comprehensive, well presented and easy to understand. Discussion took place and

comments included a suggestion that risks below 12 be removed from future Governing Body reports and that the format to be reviewed in 12 months' time. The comments were noted.

**RESOLVED:**

**That the Governing Body noted the contents of the report.**

**51/20 Stroke Service Data – Update Report**

Dr Stewart advised that the Governing Body had recently expressed concern regarding the performance of stroke services at Blackpool Teaching Hospitals and had asked the Quality Improvement and Engagement Committee (QIEC) to take up the matter. In response to this request, a comprehensive report was prepared and considered by the QIEC at its meeting in June 2020. In order to determine how this could be progressed further, the matter was referred back to the Governing Body for consideration.

It was recognised that the CCGs had had concerns about stroke services for some time, and whilst there had been some improvements, there were still concerns in some areas particular TIAs, throughput from A&E and bed availability on the stroke ward. In view of this, Dr Janjua proposed that the report be referred to the Clinical Commissioning Committee for further consideration and debate. It was also suggested that wider engagement be sought via the Clinical Senate and that other work and oversight that had taken places on stroke services be included in the review, such as the CQC report, the considerations by the Blackpool Trust System Improvement Board and the incident on the stroke unit which resulted in difficulties in accessing beds.

Members supported these proposals and requested that the Governing Body be updated further following the consideration by the Clinical Commissioning Committee.

*Action: Dr A Janjua/Secretary to the Governing Body*

**RESOLVED:**

**That the Governing Body noted the contents of the report.**

**POST MEETING NOTE:** *Dr Janjua confirmed to the Secretary that whilst brief discussions had been held at the Clinical Commissioning Committee, it was agreed to refer the matter to the Clinical Senate.*

**52/20 Host Commissioner and Quality Reviews– Learning Disability and Autism**

Ms Scattergood presented the paper and described the functions of the new host commissioner and quality visit requirements related to learning disabilities and autism inpatients. The paper provided information on the units that CCGs are now identified as host commissioners for, the face to face quality inpatient oversight visits that are required (6 – 8 weekly per individual) and the interdependencies and roles of other parts of the ICS system. It was noted that Blackpool CCG is the host commissioner for Newton House and Blackburn with Darwen CCG is the host commissioner for The Harbour.

It was explained that on the Fylde coast, these quality visits have been taking place since January 2020 and are being scheduled as an ongoing commitment with 12 having been completed to date and a further 6 scheduled in the coming weeks.

**RESOLVED:**

- (1) **That the Governing Body note the changes from the new NHS England and Improvement guidance for both host commissioner and quality oversight visits.**
- (2) **That the Governing Body is assured that this duty is being effectively discharged.**

53/20 **Annual Reports 2019/20:**

- a) **BCCG Annual Report of the Audit Committee**
- b) **FWCCG Annual Report of the Audit Committee**

Mr Edmundson, as Chair of the Blackpool CCG Audit Committee, presented the Blackpool CCG Annual Report of the Audit Committee. Mr Nuttall, as Chair of the Fylde and Wyre CCG Audit Committee, presented the Fylde and Wyre CCG Annual Report of the Audit Committee. The purpose of the reports is to provide assurance to the Governing Body that the Audit Committee has carried out its objectives in accordance with its Terms of Reference for the year ended 31 March 2020.

**RESOLVED:**

**That the Governing Bodies approve the Annual Reports of the Audit Committees.**

- c) **BCCG Health, Safety (Fire) and Security Annual Report**
- d) **FWCCG Health, Safety (Fire) and Security Annual Report**

Ms Scattergood presented the Blackpool CCG and the Fylde and Wyre CCG Health, Safety (Fire) and Security Annual Reports. The reports had been recommended for approval by the Fylde Coast CCGs' Quality Improvement and Engagement Committee

**RESOLVED:**

**That the Governing Bodies approved the Health, Safety (Fire) and Security Annual Reports.**

54/20 **Communication and Engagement Strategy Update (for information only)****RESOLVED:**

**That the Governing Body received the Communication and Engagement Strategy Update.**

55/20 **Questions from the Public:**

Questions or comments relating to the items on the agenda were invited from members of the public via the CCGs' websites in advance of the meeting. Questions received and responses are detailed in the addendum to the minutes (embedded).

56/20 **Minutes of Meetings**

- a) **Quality Improvement and Engagement Committee - 12/5/20**

- b) **Finance and Performance Committee – 28/4/20, 26/5/20 and 30/6/20 (verbal update)**

Mr Edmundson advised that at the Finance and Performance meeting held on 30 June 2020 (minutes not yet published) the Committee were conscious that some of the targets were not particularly meaningful because of the low number of GP referrals and a number of "tsunamis" that are expected over the next few months in view of the cancellation of operations and out-patient appointments and non-attendance at GP surgeries due to the pandemic. Whilst the number of 52-week waiters was also likely to increase, Blackpool Teaching Hospitals was already struggling to achieve the targets and the biggest concern of all was delays in diagnostics. All of this would create a significant backlog ahead of winter. The Committee was therefore concerned, not so much about monitoring performance against the Constitutional targets, but being clear about its role and how these issues were going to be resolved within the cells and the ICS.

Dr Doyle supported the comments about the need to understand the impact of these changes on patients. It was confirmed that diagnostics was a challenge particularly around endoscopy as this requires FFP3 PPE which has been difficult to deliver in the current



period. Due to the large numbers, this is being discussed across the whole of Lancashire and South Cumbria as it is most likely that there will be a move to shared lists to minimize risk and get people seen as quickly as possible.

Dr Butler-Reid also made reference to the impact of the lack of provision of dental services across the Fylde Coast on secondary care going forward.

**c) Clinical Commissioning Committee – 17/3/20 and 19/5/20**

**d) Audit Committees in Common – 19/6/2020**

**e) Joint Committee of CCGs – 5/3/20**

Members received and noted the contents of the minutes. With regard to the minutes of the meeting of the Joint Committee of CCGs held on 5 March 2020, attention was drawn to agenda item 6 – Individual Patient Activity (IPA)/Continuing Healthcare (CHC) Business Case. Members were reminded that the Fylde Coast CCGs had considered the approval of this Business Case at their last Governing Body meeting and following that debate, members of the Executive Team, Mr Fisher and Mrs Williams met with Mr Hawker, to discuss the concerns raised by the Governing Body. At the meeting Mr Hawker answered the questions satisfactorily and reassured the Executive Team regarding their concerns.

57/20 **Any Other Business**

(1) Mental Health Investment Standard Audit

Mr Harrison informed members of the imminent Fylde Coast CCGs' website publication of the Mental Health Investment Standard Audit which took place for the two CCGs in 2019/20 relating to the prior year (18/19). This audit showed a level of adverse findings relating to evidencing the Investment Standard protocol, but that the standards were met.

(2) Budgets

Mr Harrison referred to the need to prepare for signing off another set of budgets for the remainder of the financial year. This linked into having no other guidance for M5 onwards and to the revised dates for meetings of the Finance and Performance Committee (F&P). The Governing Body was asked to authorise the F&P membership to agree the budgets as required for M5 or M5 to M12 subject to receipt of financial guidance (in early August, not in July).

**RESOLVED:**

**That the Governing Body authorise the Finance and Performance Committee to address the budgets as required for M5 or M5 to M12 subject to receipt of finance guidance.**

58/20 **Date, Time and Venue of Next Meeting:**

Tuesday, 1 September 2020 at 1.00pm on Microsoft Teams.

Fylde Coast CCGs' Governing Bodies in Common meeting – Tuesday 7 July 2020  
QUESTIONS FROM THE PUBLIC

Q	From	Question	Response
1.	Fylde resident	What plans does the CCG have to re-open the Lympeodema Clinic at Trinity Hospice?	We are grateful that you have brought this to our attention and we can appreciate how concerning this is for you and other patients that are supported by this service. We must stress that the suspension of the service was made by the provider, Trinity Hospice, from a patient quality and safety perspective. Trinity Hospice continued to run the service until Friday 3 <sup>rd</sup> April, they then furloughed the team from 6 <sup>th</sup> April. Trinity have sent information to patients to keep them well managed and as a consequence they feel no patient has been put at harm. Trinity have a meeting scheduled for mid-July to discuss return with an aim to have the service up and running by early August 2020.
2.	Wyre resident	<i>Agenda item 5b</i> Why is there not a review of the response of both CCG's preparation to this health pandemic?	Response attached (appendix 1)
3.	Wyre resident	<i>Agenda item 5b</i> Why were both CCG's slow to act to prepare the community, care homes and health providers. World Health Organisation declared an Emergency 30th January with plenty of recorded steps of the advance of the virus yet little seems to have been prepared until 19 <sup>th</sup> & 23 <sup>rd</sup> March?	Response attached (appendix 1)
4.	Fylde resident	Are the CCG Governing Bodies disappointed with the death rate with Covid-19 along the coast?	Response attached (appendix 2). This response was provided in the meeting.
5.	Fylde resident	As our populations are clearly more susceptible to Covid-19, what greater care than normal compared with elsewhere is being taken to deal with that situation - if any?	Response attached (appendix 2). This response was provided in the meeting.

**Response to Questions 2 and 3****Introduction:**

In response to publication of the FCCCGs Governing Body papers the questions below were received from a member of the public (Wyre resident and PPG member) – they appear to relate to Agenda Item 5b – Test and Adjust

**Question 1)** Why is there not a review of the response of both CCG's preparation to this health pandemic.

**Question 2)** Why were both CCG's slow to act to prepare the community, care homes and health providers. World Health Organisation declared an Emergency 30th January with plenty of recorded steps of the advance of the virus yet little seems to have been prepared until 19th & 23rd March.

I qualify my questions with some examples :- little or nothing appears about Covid-19 in your CCG public minutes/docs/ including ICS throughout March. Example lack of help for Care homes even by April ( Press report by local Care home Manager on April 17th ) Example lack of PPE by Resilience forum until obtaining stock in May

As a PPG member and member of the public I feel this reports centres on the internal mechanics of how you all preformed within the CCG but failed in your duty to try to prepare Fylde Coast citizens, especially those in care homes. Instead seemly, to await directives from NHS England thereby letting the most vulnerable down.

**1. Responses:**

Q 1:

The Test and Adjust Review relates to the response of both CCGs (working in common) collectively referred to as Fylde Coast CCGs and as such this report is a review of work undertaken in respect of both CCGs. This is clearly indicated in the headers and footers throughout the report.

Q2:

- Local Authorities are the Commissioner responsible for Care Homes, CCGs do commission some individual care home placements for patients who are assessed to have Continuing Health Care and Complex Health Care needs.
- Concurrent with WHO and UK Government declarations of a Pandemic the Fylde Coast CCGs engaged with Blackpool Teaching Hospitals in an initial corona virus planning meeting on 29<sup>th</sup> January 2020.
- Weekly National briefings were initiated by the National Strategic Commander for the Corona Virus Professor Keith Willetts – these commenced on 06 February and provided situational updates, advice and specific direction for both health and Social Care leaders on a weekly basis. FCCCGs engaged fully with these briefings throughout.

- The Executive Team and Senior Management Teams were fully briefed with initial information about the Pandemic on 10<sup>th</sup> February 2020.
- FCCCGs worked collaboratively with NHS and Social Care partners from the outset – work continued as directed by the Dept. of Health and Social Care, NHS England and NHS Improvement throughout February.
- As the situation developed a further briefing was initiated for the CCG management team on 02 March within which the potential impact of Covid-19 on wider partner and caring organisations including care homes was stressed.
- An initial face to face system wide meeting involving health Commissioners, Providers and Social Care (care home) Commissioners was held at Blackpool Stadium on 04 March 2020. Largely hereafter and in line with lockdown meetings have been and continue to be conducted virtually.
- An urgent meeting took place with Adult Social Care leaders on Friday 06 March (CCG clinical leaders provided specific advice to care home commissioners for the first time on 06 March with regard to management of a Care Home employed nurse who had returned to the UK from the Far East).
- Responsibility for support for Care Homes across the Fylde Coast lies with either Blackpool Council or Lancashire County Council – dependent on geography. Each council has in line with national direction established support hubs for vulnerable people – there are NHS representatives working every day within these hubs providing NHS expertise and support to local authority colleagues with regard answering calls and health specific queries, providing advice and at times practical support, rapidly sourcing placements in care homes and addressing placement issues.
- All Government guidance to Councils and Care Homes, specifically; Coronavirus (COVID-19): adult social care guidance can be found on the Gov.UK website. This is the overarching guidance for Care homes and those who Commission them. The CCGs are aware of all guidance and support Social Care colleagues as required.
- A System wide teleconference was initiated on Wednesday 4<sup>th</sup> March, chaired by the CCG it meets consistently each Monday and Friday – It includes senior Social Care Commissioners from both Blackpool Council Lancashire County Council – each organisation has a speaking part and it provides opportunity to discuss Covid issues / ask for support – it remains ongoing and Councils attend and input at each meeting.

- The CCG also collaborates with Councils as the Commissioners of care homes via the Human Aspects Cell of the Local Resilience Forum (LRF) - an overarching collaboration of all public services under the national framework for managing emergencies this is a statutory requirement of the Civil Contingencies Act (2004). The Human Aspects Cell covers issues related to vulnerable people – including Care Homes, the Director of Nursing for Fylde Coast CCGs represents Health.

There is and continues to be close liaison between FCCCGs and Councils in respect of care homes and other vulnerable groups. Pre- Covid 19 NHS support measures for Care Homes in the Fylde Coast have also been prioritised, adapted to best fit and maintained throughout this pandemic including:-

- The statutory Safeguarding responsibility that the CCG holds to ensure the safety of all its Patients including Service Users in care homes – supporting Care Homes where there are quality and safety issues. In three instances where Care Homes have experienced extreme difficulties there has been physical support provided by NHS staff to ensure safety for residents.
- Commissioned NHS Care Home support teams – are NHS employed health professionals who have provided clinical advice, and supportive nationally mandated training for care home staff in use of PPE, Infection Prevention and swabbing – the Fylde Coast were extremely proactive in this regard and completed training with all care homes who accepted the offer earlier than many other parts of the country. These teams are currently engaged supporting swabbing in care homes and re-offering mandated training to those care homes that refused to engage at the first initial offer of training.
- FCCCGs have purchased and supplied all Care Homes with patient monitoring equipment such as Pulse Oximeters, Digital Thermometers and Blood Pressure Monitors.
- NHS Continuing Healthcare staff have informed the Hospital Discharge pathways for care homes and put in place documentation instead of the standard CHC Framework documents to identify patient needs to source placements and to track patients.
- The CCG Heads of Quality and Adult Safeguarding continue to support regular meetings between health and Social Care with regard to ensuring optimal support for the regulated care sector (care homes) and managing the processes alternate to the CHC Framework. They also hold regular meetings with Local Authority colleagues to discuss the Fylde and Wyre care homes, in order to track outbreaks and identify support needs. A further regular meeting is hosted by the CCG for partners who engage with regulated care providers (care homes), to keep partners up to speed on the changing guidance, the issues the sector is experiencing, support being offered/suggested and generally addressing queries, as required.
- From a financial perspective, dependent upon need the CCGs have provided some cash flow support to care homes in order to ensure continuity of the provision.
- The NHS in the Fylde Coast supported care homes by offering Antigen Swabbing to care home staff significantly earlier and quicker than it was made available via national means – this offer continues and we have ensured timely swabbing for care home residents

where the government established testing system has not been responsive as well as for clients being admitted to care home from their own homes.

The NHS is also currently offering Antibody testing to Care home staff across the Fylde Coast – this is well in advance of any national offer to care home staff – there was an immediate uptake of more than 500 care home workers for this testing within the first four days.

- The NHS locally has made available beds within NHS facilities (e.g. Clifton Hospital) in order to ensure patients can safely step down from treatment in the acute hospital and be cared for until care homes agree to accept them back.
- In line with national direction the CCG is working with general practices to ensure timely implementation of a new package of Enhanced Care in care homes based on our Primary Care Network provisions – although planned this work has been advanced because of Covid and will ensure – the changes will include weekly “ward rounds” in care homes and enhanced access to the multi-disciplinary team.

**In conclusion;** Fylde Coast CCGs wish to assure our residents that care homes are seen as a vital constituent of the care partnership on the Fylde Coast and that we have worked collaboratively with Local Authorities and focussed with rigour on the needs of care homes, their residents and staff throughout the Covid crisis.

**RESPONSE TO QUESTIONS 4 AND 5****Questions:**

- 1) Are the CCG Governing Bodies disappointed with the death rate with Covid-19 along the coast?**
- 2) As our populations are clearly more susceptible to Covid-19, what greater care than normal compared with elsewhere is being taken to deal with that situation - if any?**

Dr Arif Rajpura, Director of Public Health, Blackpool responded to the questions and began by saying that every death is a tragedy. He explained that the first question relates to the figures for 'all-cause mortality' and indicated that the Fylde Coast is varying worse than other areas. He added that the questioner also comments that when those figures are standardised, the Fylde Coast comes out very similar to the rest of the country.

Arif responded by saying that it is important to age standardise the data because this virus does discriminate against older people so you have to take into account the population composition on the Fylde Coast as there is a higher number of elderly people. The comparison cannot be done properly unless you age standardise those populations.

All-cause mortality includes mortality from all causes so that does include COVID but also includes all the other causes. It is difficult to use all-cause mortality to compare small areas because of the historic variance ability of death rates, so coming into the pandemic there will have been historic variability in terms of all causes. Blackpool, with its underlying health conditions, will undoubtedly have a higher all-cause mortality than other areas so it is important to bear this in mind when looking at all-cause mortality.

Recently, when looking at the Office for National Statistics (ONS) figures on COVID related deaths a comparison was done of Blackpool against Lancashire, the National average and the North West average. The figures at the end of May showed that COVID related deaths across Lancashire and Blackpool were very similar to the England average but below the North West average. The data for the end of June is not yet available. Usually, when presenting statistics relating to Blackpool, the position is worse than for all other areas and is usually worse than the North West average.

In terms of deaths and where they are now, excess deaths are coming down to baseline levels and it is expected in the coming weeks that deaths will dip below baseline. The reason for this is that some people, who may have died later in the year, would have their death brought forward by COVID.

**What extra support are we putting in place?**

In response to the second question Arif added that a lot of extra support has gone in since the pandemic began. A Social Care provider hub up has been put in place in Blackpool and during the height of the pandemic every Care Home was contacted to make sure they were appropriately resourced in terms of staffing, PPE and infection control advice. This was put in place because the elderly were being impacted and Care Homes were a particularly high risk area.

Arif was pleased to say that as at today (7 July) it was a very positive picture in Blackpool Care Homes and during the previous week there were only 6 positive cases in Blackpool. This provides an indication of the level of community transmission. However Arif added that he would like it to be kept this way, as not very far away, Blackburn with Darwen has been highlighted as an area with a higher rate of transmission so care is needed as we move into the next period of the pandemic where some of the restrictions are being unlocked which brings a level of risk and a need to ensure that all advice around social distancing, hand washing etc. continues to be followed.

Also through the council community hubs have been put in place for people who are socially isolating to be provided with essential items such as food and medicines.

A lot of support has been provided for the most vulnerable of the population and this must continue along with reiteration of the key messages. Jane Scattergood, Director of Nursing and Quality, added that there has been no outbreaks and no new cases reported in Fylde and Wyre Care Homes at present.