Item 16c

Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group

Governing Bodies in Common – 3 November 2020

Minutes to be Received

Title of Meeting	Joint Clinical Commissioning Committee
Date of Meeting	18 August 2020 15 September 2020
Status (ratified/draft)	Ratified
CCG Representatives	See minutes

Summary of key issues discussed:

18 August 2020

- Dr Stewart provided the committee with an update on the Joint Mortality Governance Committee.
- The committee received a report on the Fylde Coast Primary Care Networks 'Inappropriate Workload Transfer from Secondary Care Pilot'.
- Dr Rajpura provided an update on COVID-19 and NHS Test and Trace.
- An update was provided on the evidence-based interventions (EBI) programme phase 2.
- The Committee received an update on 2-week cancer escalations.
- A report was provided on the delivery of the Enhanced Health in Care Homes Framework (EHCH) which is part of the PCN DES, to improve health and care provision for people living in care homes. The committee agreed to support option 2.

15 September 2020

- Dr Rajpura provided an update on COVID-19, NHS Test and Trace and recovery of Public Health Services.
- The committee agreed that an initial scoping exercise be undertaken on the integration of the Hospital Alcohol Liaison Service and the Hospital Liver Service.
- The committee approve in principle a pilot for GP referral to ADAS for initiation of direct oral anticoagulants, with 1 practice per PCN to be included within the pilot. The committee also recommended that the Quality Committee be cited, with final results of the pilot to be presented to the Clinical Commissioning Committee.
- An update was provided on the Fylde Coast Community Frailty Service

Issues requiring action:

Details:	**By whom:**	**Timescale:**
None		

Recommendation

Members of the Governing Bodies are asked to review and note the contents of the minutes.

Name, title, CCG

Approved 15 September 2020

CLINICAL COMMISSIONING COMMITTEE

Minutes of meeting held on Tuesday 18 August 2020

CCG Boardroom, Blackpool Stadium

Present:

Dr A Janjua	Chair, Fylde and Wyre CCG (Committee Chair)
Dr P Bennett	Fylde and Wyre CCG Governing Body GP Elected Member
Dr VG Chandrasekar	Fylde and Wyre CCG Governing Body GP Elected Member
Dr Kath Greenwood	Fylde and Wyre CCG Governing Body GP Elected Member
Dr Jacky Panesar	Fylde and Wyre CCG Governing Body GP Elected Member
Dr S Green	Blackpool CCG GP Member
Dr L Rudnick	Blackpool CCG GP Member
Dr M Martin	Blackpool CCG GP Member
Dr M Williams	Blackpool CCG GP Member
Dr S Singh	Blackpool CCG GP Member
Dr C Augustine	Blackpool CCG GP Member
Dr I Stewart	Secondary Care Doctor
David Bonson	Chief Operating Officer
Dr A Rajpura	Director of Public Health, Blackpool Council

In Attendance:

Jeannie Harrop	Head of Primary and Community Care
Nick Medway	Deputy Director of Nursing and Quality
Judith Williams	Head of Finance and Business Development
Jeannie Hayhurst	Clinical Project Manager (up to item 5)
Amanda Bate	Acting Head of Communications and Engagement
Katie Rimmer	Senior Commissioning Manager – Planned Care and Cancer
Sandra Lishman	Executive Assistant (Minutes)

No	Item
1	**Welcome and Apologies for Absence** Apologies for absence were received from Andrew Harrison, Dr Ben Butler-Reid, John Gaskins, Helen Williams, Beth Goodman, Neil Hartley-Smith and Jane Scattergood. Item 6 - Fleetwood Primary Care Network – Wound Care Product Management had been removed from the agenda; Pharmacists were unavailable to present the item. The item will be presented at the September meeting. ***Post meeting note – due to availability of Pharmacists, this item will be presented to the October Committee.***
2	**Declarations of Interest** **RESOLVED: That the interests declared by members of the committee as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:** https://www.fyldecoastccgs.nhs.uk/?s=declarations+of+interest

	CCC035 – Medicines Optimisation Operating Model Update – All GPs and J Harrop declared an interest. Item for noting only. I**tem 7 'Fylde Coast PCNs – Inappropriate Workload Transfer from Secondary Care Pilot'** - All GPs declared an interest, due to the workload being transferred on. The item is for noting only.
3	**Minutes of Previous Meeting/Matters Arising – Tuesday 21 July 2020** The minutes were approved as a correct record of the meeting.
4	**Action Sheet** **CCC049 – Flu Vaccine Coordination –** J Harrop updated that the national team are coordinating, and primary care locally. At a recent PCN meeting, practices were discussing coming together to set up administering flu vaccinations as they are being introduced from the beginning of September. The age 50+ cohort is a concern if deliveries are late; large venues would have to be looked at to undertake administering of the vaccine for large cohorts. J Harrop to ensure the Committee is kept updated. Liz Holt, Blackpool Teaching Hospitals Community, is looking at care home teams undertaking care home vaccinations and housebound people for those on their case list. Practice managers are to coordinate. D Bonson reported that the ICS are taking the lead, working as part of the Out of Hospital Cell, looking at Lancashire wide approaches. **CCC047 – Out of Hours Provider Hours** – David reported it had been agreed that the Urgent Treatment Centre would return to the Blackpool Victoria Hospital site on Wednesday morning, to free up the extended access space at Whitegate Drive Health Centre. **CCC045 – ADHD Service** – Patient forums had not restarted. **CCC021 – Community Diabetes –** J Hayhurst updated that the pilot, established remotely, commenced 2 weeks ago. There had been challenges in staff training on 'attend anywhere', etc. Central West would be starting next week; there were significant challenges with the administrative function and communication. It has been agreed to hold a summit meeting in September to discuss the direction of this clinic, ie, whether moving diabetes to community services would be beneficial in order to have more control as to how the clinic runs. It has now been confirmed that there is now a triage facility in place so that patients suitable for the clinic can be received via ERS referrals. J Hayhurst to ensure practices involved in the pilot receive feedback for awareness. **ACTION: J Hayhurst** **CCC022 – Stroke Rehabilitation –** J Hayhurst reported that work had been paused due to a situation with the block contract, which is currently being worked through. Providers had been given a list of the workforce crucial to getting the service getting up and running. Work is underway with providers to apply for this top up to ensure the correct workforce is in place. In the meantime, the existing workforce is trying to work with patients. **CCC035 – Medicines Optimisation Operating Model Update –** J Panesar updated that the model had been stalled due to an inability to commission the service with the Covid pandemic. Updates to be provided at future meetings. **CCC033 - DMARDs –** J Panesar reported that BTH are working on a new business case including the cost of making the change to the service. Katie Rimmer in discussion with the team. Update to be provided at the next meeting. **Jeannie Hayhurst left the meeting.**

	CCC048 – Respiratory Pathway – J Harrop to request update and circulate to members. This should have been discussed at the Clinical Senate, however, the meeting had been cancelled due to no meaningful representation from the Acute Trust. Clarity is required from primary care to ensure they do not absorb a lot of the work. **ACTION: J Harrop/J Hayhurst**
5	**Mortality** Dr Stewart reported that Dr Janjua is the clinical lead for mortality. The Joint Mortality Governance Committee had not met for a few months. At a recent meeting, the Medical Director attended and is much more proactive in requesting reports on time, etc from various departments. Two medical examiner positions, 2 to 3 sessions per week, had been advertised, hopefully, leading to more robust investigations of deaths. Previously, each department had been investigating its own deaths. The role of the medical reviewer is to review death certificates and to deal with families; they would have no direct role in mortality. Dr Jim Gardner reported the in-hospital figure had been within the expected range for a number of months, however, the out of hospital figures were rising. It has been arranged that Dr Gardner would join the next CCG Governing Body Part II meeting to talk about mortality. In general, it is felt there is a more optimistic change in attitude with this Committee; Dr Stewart to continue to attend meetings unless Dr Janjua is able to attend. J Harrop reported that as part of the Healthy Fylde Coast contract, work is being undertaken on EPACs, to improve preferred place of death and the lead for mortality is working with the community to improve rates. Dr S Singh also expressed her optimism with the new Committee. Dr Stewart continued that an interface governance meeting should take place every other month with the Blackpool Teaching Hospitals Clinical Lead for Governance, CCG Quality Lead, etc. It is hoped this meeting would enable more discussion about things influencing the primary care aspect. Dr Martin, as quality lead, would be attending a meeting taking place next week.
6	**Fleetwood Primary Care Network – Wound Care Product Management –** Item removed from agenda due to attendance. To be reported at the next meeting. ***Post meeting note – due to availability of Pharmacists, this item will be presented to the October Committee.***
7	**Fylde Coast Primary Care Networks – Inappropriate Workload Transfer from Secondary Care Pilot –** J Harrop reported regular meetings with Dr Miles, Chair of Networks; Dr Miles is working with CSU colleagues to develop an EMIS protocol that he has tested in his practice. The aim of the pilot is to run it constantly to capture each episode of inappropriate workload transfer. Dr Miles presented the model to GPs at a recent meeting. The template is a drop down box on EMIS and GPs will have 'pick list'. Information would be coordinated and collated with reports provided to Dr Miles, for information. J Harrop is taking through the CCG process, Dr Miles is liaising with PCNs and general practice. From a CCG point of view, a lot of feedback had been received from primary care; a meeting has been set up with BTH colleagues. Dr Miles to take forward. The title of this project came from a BMA letter and Dr Miles is working closely with the LMC on this work. It was suggested the title could be a little sensitive.

	Dr Panesar asked how this differs from the data on Ulysses. J Harrop responded that there is an element of issues around secondary care on Datix and Ulysses but not the full impact; anything around clinical risk would still need to be shared on Ulysses. N Medway explained that Datix/Ulysses system insight is used on these platforms the list of specified types of included data is incredibly similar to most common things seen on insight system. In effect, this would be double reporting. **Katie Rimmer joined the meeting.** Susan continued that it had been felt that something different was required as Ulysses needed to monitor quality and contract. Most GPs cannot direct reports on Ulysses during consultation. The system had been installed in Dr Green's practice for the last few weeks; Dr Green explained that the system creates a 'pop up' whilst in consultation asking if it is an inappropriate transfer and tells you to report on Ulysses. Whilst this increases time to a consultation, less has to be logged than reporting on Ulysses. K Rimmer, as secondary care lead, to ensure the Acute Trust is aware of the work being undertaken. If there is no impact on patient safety, this system would be better to capture. **ACTION: K Rimmer** K Greenwood had been part of the Datix panel for a number of years, feeling it is important this type of thing should go through Ulysses and things in secondary care GPs are asked to do should be on the other system. J Harrop confirmed that Dr Miles would take to the ICP Steering Group for a collaborative approach. Dr Singh reported that through her involvement with the LMC, she had previously met hospital management who were not in support and considers that direction as to what not to pass to primary care needs to be built into the induction of junior doctors, avoiding the default being primary care. Members agreed to a diplomatic approach to be taken further with the Acute Trust. J Harrop to feedback to Dr Miles. **RESOLVED: That the Committee receive the report for information.**
8	**Public Health Update** Dr Rajpura provided the following update:- - **COVID 19 –** Number of cases remais at a very low level on the Fylde Coast, however, numbers are high in East Lancashire and Preston. Within the Local Authority there has been a more visible presence; ensuring businesses are following guidance and enforcing where necessary. Preventative activity continues. Nationally numbers have increased. Restrictions are being lifted, introducing an element of risk. There is a possibility that a further rise may be seen when schools return to full attendance; monitoring will be required going into the next phase. The next phase will be difficult as go into winter with other viruses and pressures within the health system. Currently, the pattern of illness is predominantly mild symptoms in young people, hence not transferring to hospital. Young people need to understand that the virus can be quite debilitating due to post viral syndrome. In multi-generational households, the risk continues to the elderly. Currently there is low mortality and low hospital admissions. There is no evidence to suggest the slow mutating virus has changed. Further evaluation is required to the suggestion

	that previous infection could offer people some protection in the short term but it is still not known how long antibodies provide protection. - **NHS Test and Trace** – The national system is capturing 50-60% of people contact. The local response is now also up and running. Blackburn had taken on local contract tracing, being able to contact 90%. Dr Rajpura is working with the national test and trace team; if the national team are unable to contact people after 24 hours, the task is passed to local services. Blackpool Council is working within Blackpool and 4 districts of Lancashire County Council. This local contract tracing is hopefully staring next week. Dr Rajpura continued that more areas have now put restrictions in place due to a higher rate of Covid. Ministers are threatening a more decronian lock down in these areas if rates do not reduce. Ultimately, a vaccine is required as soon as possible. The main task over the next few weeks is reiterating the mantra - social distancing, etc, ensure have the flu vaccination to take pressure off the system, ensure engage with test, track and trace system if symptomatic. Blackpool Public Health is involved in discussion regarding vaccine trials on the Fylde Coast with colleagues from Liverpool University, depending if the NIHR bid is successful; currently looking at how to deliver the trial, looking at the Winter Gardens as a large space. Dr Janjua commented that in order to put your name forward for trials, a short medical questionnaire is required to be completed. Members were encouraged to sign up if healthy and eligible. As there is currently no representative at the Clinical Commissioning Committee meetings from Lancashire County Council Public Health, S Lishman had emailed Dr Karunanithi, Director of Public Health, to ask if a representative could be available to attend. The Secretary of State had recently announced that Public Health England is being disbanded with a new National Institute of Health Protection being created to be in place by September 2020. It is unclear where other functions within the Public Health England will be delivered from. **RESOLVED: That members note the Public Health Update.**
9	**Policies** K Rimmer provided an update on the evidence based interventions (EBI) programme, phase 2 (previously known as POLCV). The aim nationally is to prevent avoidable harm to patients, avoid unnecessary operations and to free up clinical time. The EBI programme is overseen by NHS commissioners, the National Institute for Health, etc. In November 2018, phase 1 included 17 interventions mapped against existing CCG policies. An additional 31 policies have been released as part of phase 2, running from 13 July to 24 August 2020. Slides to be circulated to members for information. The engagement exercise on the policies is being led by an Expert Advisory Committee and supported by the Academy of Medical Royal Colleges. **Action: K Rimmer** The update has been provided to members for awareness that the policies are at consultation. Public engagement is being undertaken nationally. A Bate to share links with local groups, etc. **ACTION: A Bate**

	K Greenwood raised concern that the deadline had passed for all but one of the links and queried why members were finding out about the engagement after the deadlines. K Rimmer confirmed that the consultation had come out nationally through different channels via the Lancashire and South Cumbria group; the feedback closing date is now 24 August. K Rimmer to ask the group which channels the consultation had been highlighted with. A Bate reported that some engagement took place around Lancashire and South Cumbria, this would be cross-referenced with what has been shared locally, however, there may be some gaps. **ACTION: K Rimmer** P Bennett continued that some of the procedures look like diagnostic or therapeutic interventions, some being contentious, and felt that engagement should have been undertaken outside of the school summer holidays when there would be less response; K Rimmer to pick up with Jon Nelson to ensure the Trust have had sight of the consultation. **ACTION: K Rimmer** **RESOLVED: That the Committee receive the update.**
10	**2 Week Wait Cancer Escalations** A Janjua updated members regarding concerns that the acute trust had downgraded 2 week cancer waits, confirming that at no point were de-escalation of fast tracks allowed unless with prior agreement of the Consultant within the speciality, the GP who made the referral and the patient themselves; the three parties need to be in agreement prior to any de-escalation. To date, no patients had been de-escalated. No individual clinical lead could agree to this, it would require Committee agreement. K Rimmer is to reissue communications, linking with the LMC, the draft is currently awaiting final sign off by the Acute Trust, ensuring the communication includes that the patient continues to be under the care of secondary care, have had clinical triage, are reviewed periodically by the MDT, if the patient presents in surgery, there is a way of contacting the hospital if they need to do so urgently. In light of the Phase 3 letter, cancer recovery plans are being pulled together with a cancer recovery task force having been formed. Endoscopy continues to be a concern and plans will be put in place to reduce numbers waiting. The Cancer Alliance is leading this work, working with K Rimmer, Lead Cancer Commissioner on the group. Work is underway to resolve the backlog. The LMC would be included in all communication. **RESOLVED: That the Committee receive the update with regard to 2 week wait cancer escalations.**
11	**Primary Care Network DES National Service Specification for Enhanced Health in Care Homes** J Harrop spoke to a previously circulated report explaining the delivery of the Enhanced Health in Care Homes Framework (EHCH) is part of the PCN DES, to improve health and care provision for people living in care homes. It is a mandatory requirement to have a high level of support in place for the enhanced national care home specification. Some support had been in place previously; this had now been pulled into one Fylde Coast model. PCN Leads had reviewed the options and the report is presented to the Committee for information. A number of proposed options that met the requirements of the EHCH national service specification had been discussed with the PCNs and the provider. Discussion was held as to the preferred option 2.

	The fully funded pharmacy support would need to be agreed by the CCG; M Preston would discuss with J Gaskins. It was confirmed that no referrals should come through primary care. Referrals should come from the hospital discharge team direct to neighbourhood care teams and it is understood this is the digital aspect. J Harrop confirmed that dates are being agreed for neighbourhood care team roll out within Fylde and Wyre as they are currently not as fully developed as Blackpool teams. Staff are currently employed by Blackpool Teaching Hospitals and would continue to be. Updates to be provided to the Committee, as necessary. **ACTION: L Rudnick/J Harrop** **RESOLVED: That the Committee note the agreed option 2.**
12	**Minutes to be Received** - **Transforming Community Equipment Services Steering Board Draft Minutes (to be ratified at the meeting to be held on 19 August 2020)** **RESOLVED: That members receive the minutes.**
11	**Items to forward:-** **Items for the next Clinical Commissioning Committee meeting –** None. **Items to be considered by the Governing Body –** **Phase 3 letter and response –** D Bonson drafting paper. D Bonson, A Janjua and R Fisher to meet on Thursday to discuss. It was confirmed that Blackpool had not started GP Link meetings. Council of Members would hold a meeting in August to update the membership. It was considered a sensible approach to engage with the Blackpool GPs after September, when agreement has been made as to who is leading on various areas and advise for phase 3. **Items to be considered by the Council of Members (CoM)/GP Link –** None.
12	**Any Other Business** **Clinical Lead Portfolios -** A Janjua and B Goodman have steered portfolios; meetings to be arranged with clinical leads to discuss each portfolio in September. **ACTION: B Goodman** **Single CCG –** A Janjua confirmed this would be discussed within Part II of the next Governing Body meeting. **Sexual Health –** J Harrop confirmed Judith Mills leads on the sexual health clinics. A lot of services had been paused due to Covid and should now be looking at fully restoring. J Harrop to update at the next meeting. **ACTION: J Harrop/J Mills**
13	**Date and Time of next meeting** Tuesday, 15 September 2020, 1.30 pm – 4 pm.

Approved 23 October 2020

CLINICAL COMMISSIONING COMMITTEE

Minutes of meeting held on Tuesday 15 September 2020
CCG Boardroom, Blackpool Stadium

Present:

Dr A Janjua	Chair, Fylde and Wyre CCG (Committee Chair)
Dr P Bennett	Fylde and Wyre CCG Governing Body GP Elected Member
Dr VG Chandrasekar	Fylde and Wyre CCG Governing Body GP Elected Member
Dr Kath Greenwood (from item 8)	Fylde and Wyre CCG Governing Body GP Elected Member
Dr Jacky Panesar	Fylde and Wyre CCG Governing Body GP Elected Member
Dr S Green	Blackpool CCG GP Member
Dr L Rudnick	Blackpool CCG GP Member
Dr M Martin	Blackpool CCG GP Member
Dr M Williams	Blackpool CCG GP Member
Dr S Singh	Blackpool CCG GP Member
Dr I Stewart	Secondary Care Doctor
David Bonson	Chief Operating Officer

In Attendance:

Beth Goodman	Deputy Director of Commissioning
Liz Petch	Consultant in Public Health, Blackpool Council
Nick Medway	Deputy Director of Nursing and Quality
Judith Williams	Head of Finance and Business Development
Jeannie Hayhurst	Clinical Project Manager (up to item 5)
Michelle Ashton	for item 14 only
Pete Smith	Commissioning Manager (for item 7 only)
Sandra Lishman	Executive Assistant (Minutes)

No	Item
1	**Welcome and Apologies for Absence** Apologies for absence were received from Andrew Harrison, John Nelson, Amanda Bate, Helen Williams, Dr Augustine, Dr Rajpura, Jane Scattergood and Jeannie Harrop.
2	**Declarations of Interest** **RESOLVED: That the interests declared by members of the committee as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link:** https://www.fyldecoastccgs.nhs.uk/?s=declarations+of+interest
3	**Minutes of Previous Meeting/Matters Arising – Tuesday 18 August 2020** The minutes were approved as a correct record of the meeting subject to the following amendments:- **Item 4 – Action Sheet - CCC048 – Respiratory Pathway** – Second sentence should read "……..the meeting had been cancelled due to no meaningful representation from the Acute Trust.

	Item 5- Mortality - The third sentence should read "At a recent meeting, the Medical Director attended and is much more proactive in requesting reports on time, etc from various departments." Also, the following sentence should be included within the minutes: "The role of the medical reviewer is to review death certificates and to deal with families; they would have no direct role in mortality."
4	**Action Sheet** **CCC028 Frailty Model –** On agenda. **CCC054 Sexual Health –** L Petch reported the service recommenced 3-4 weeks ago and is operating both virtual and face to face. Members were asked to email L Petch with any examples of patients being pushed back to primary care from the service. Item closed. **CCC053 Clinical Lead Portfolios –** A meeting had been held earlier today with elected clinical leads when portfolio areas were discussed. A final document showing clinical lead areas and commissioning leads would be circulated. Item closed. **CCC051 Policies – Evidence Based Interventions –** Slides received. K Rimmer to provide further update. **CCC050 FC PCNs – Inappropriate Workload Transfer from Secondary Care Pilot –** K Rimmer to provide update. **CCC049 Flu Vaccine Coordination –** Commissioners attending ICS Flu Group for primary care. Local flu plan in place and plans regularly discussed with Practice Managers. Guidance awaited re roll out of extended group for aged 50+; meeting in place to discuss with public health. Care home model to coordinate flu vaccines for care home patients. Community to complete for housebound on their caseload. Plan to be brought to next meeting. Item closed. **CCC047 Out of Hours Provider Hours –** Extended hours service now being provided for both Fylde and Wyre and Blackpool. Item closed. **CCC045 ADHD Service –** Engagement sessions not yet started. **CCC021 Community Diabetes –** J Hayhurst reported the service to have started remotely at the beginning of August. It is planned to continue until the end October, however, it is hoped that the service would continue after October if possible. The clinic has started to accept new referrals from 1 September and PCN practices participating have been informed how to refer new patients. Work has started on evaluation. A summit is planned to be held in the next few months as there are some organisational factors to consider about the future of the clinic that stakeholders need to discuss. Item to remain on action log. **CCC022 Stroke Rehabilitation –** Concern had been raised by Lay Members at a recent Quality Committee. An action plan had been agreed for the October meeting. More detail to be presented at the next Clinical Commissioning Committee meeting. Sandra to include on agenda. **CCC035 Medicines Optimisation Operating Model Update –** A meeting had been held last week with secondary care. Jacky to link with Melanie for an update to be emailed to members. **CCC033 DMARDs –** Jacky updated the next meeting is provisionally to be held on 6 October. Update to be provided at the next meeting. **CCC048 Respiratory Pathway Update –** J Harrop updated that a transformation programme team and redesign groups had now been established, working around prevention, identification and early intervention and ongoing management. Meetings are planned to be held weekly until November. Further update to be provided at the next meeting. L Rudnick raised concern that GPs are being asked to undertake a lot of the work; examples to be emailed to C Augustine and J Hayhurst who would speak with the service to deal with outside of the meeting. **CCC023 Intermediate Care Review –** Not yet due.

	J Hayhurst left the meeting.
5	**Terms of Reference** **RESOLVED: That members receive and approve the updated Terms of Reference.**
6	**Mortality** I Stewart reported the interface group had now met and would continue to meet bi-monthly. M Martin is now the mortality lead and would be attending future meetings. Progress continues. D Bonson reported he had provided an update to the System Improvement Board, an NHS England/Improvement-led Board in response to CQC concerns at the Trust. Dr Gardner had been invited to a joint CCG Governing Body meeting to present on mortality. D Bonson had recently met with Dr Gardner, Dr Rajpura and J Scattergood to consider how to take this forward; actions around looking at data to understand which pathways were seeing mortality in out of hospital had been agreed, with the understanding of coding influences affecting figures and other actions had been taken away for analysis. Further updates to be shared at future meetings. I Stewart/M Martin would be included and fully informed of future discussion. **RESOLVED: That members receive the update on Mortality.**
	The agenda was taken out of order.
9	**Public Health Update** L Petch provided the following update:- - **COVID 19 –** Cases are rising in Blackpool. There is currently 41 positive cases on the system, however, there is a delay in getting results from testing. Of the 41 cases over the past 7 days, 5 are school age, 20 cased between the ages of 20 and 39 and 9 cases in the over 60s. Numbers are in line with the national picture and is an area of concern. - **NHS Test and Trace –** A local test contact tracing system has been implemented in Blackpool; a positive case goes through to the national test and trace system, if they fail to make contact within 24 hours, details are sent through to Blackpool Council to contact the individual, establish contacts, etc. Fylde and Wyre cases are also starting to rise. There remains a significant issue in access to testing; the issue being the high demand for laboratory capacity. There are low levels of car ownership in Blackpool, resulting in people being unable to travel to test centres; work is underway with the Lancashire Resilience Forum, including conversations to prioritise children and to keep schools open if possible. - **Recovery of Public Health Service –** Sexual Health services should now be operating. It is recognised that there will be issues which need to be reported to the Council in order to be reported to the provider.
	The agenda reverted to its original order. ***Pete Smith joined the meeting.***
7	**Integration of the Hospital Alcohol Liaison Service/Hospital Liver Service** The initial request for scoping had been received from Blackpool Teaching Hospitals to look at how they might bring together the hospital alcohol liaison and liver services. Conversations had been held at the Acute Trust who are keen that the CCG be

	involved in the work. Integration brings together elements of the teams, partly around how they can work more closely together across a large patient base and take forward existing proposals around expansion of the liver team and how this might be supported. Elements will still require scoping. Risks include a potential loss of other teams that are not part of the liver team; this has been flagged to the Trust and the lead liver nurse is keen links are not lost, particularly gastro links. The old service specification is in place around the alcohol liaison service which requires updating. Sujata conveyed positivity, with this providing an opportunity to ensure the service is more relevant and effective. P Smith confirmed there are no financial implications at this stage. Capacity concerns had been flagged and the integration would be subject to a business case. I Stewart reported that Fylde and Wyre CCG had discussed a similar liver service 2 to 3 years previously; a pilot was undertaken to see if imaging could be local, however, there were staffing issues and the pilot did not show any major savings due to issues that arise with liver problems. Discussion was held and members agreed this to be a positive idea and agreed for initial scoping to be undertaken, based on findings. It was confirmed a public health representative is involved in the work. **RESOLVED: That members note the update and agree to initial scoping being undertaken.** ***Dr Greenwood joined the meeting.*** ***P Smith left the meeting.***
8	**GP Referral to ADAS for Initiation of Direct Oral Anticoagulants** Dr Panesar reported this scoping exercise to require no financial input at this stage. Dr Chandresakar questioned if patients are all on Direct Oral Anticoagulants, the ADAS service should not be required. Dr Panesar responded that patients are not being followed up fully. Dr Rudnick highlighted that in primary care, this is already being used, either initiating or on request of secondary care doctors as they also initiate. The cost of pilot comes within current funding. The pilot should highlight any waiting period. To be presented to the Commissioning Delivery Oversight Group for oversight. It was suggested pharmacists could also utilise the service. This is being looked at as an audit showed poor monitoring. Need to ensure financial costs are feasible and quality needs to be be considered. K Greenwood questioned why look at another service, rather than taking advice to improve the current service. Following discussion, members agreed to go forward as a pilot with no commitment in the long term until results are seen. Detail to be presented to future Clinical Commissioning Committee meeting. **RESOLVED: That members approve the principle of the pilot, with 1 practice per PCN to be included within the pilot. Members also recommended that the Quality Committee be cited, with final results of the pilot to be presented to the Clinical Commissioning Committee.**
10	**Fylde Coast Community Frailty Service** As part of the planning for the Primary Care Network (PCN) DES national service specifications for enhanced health in care homes, anticipatory care and personalised care for 2021/22, the PCN Clinical Directors have asked for a scope to be developed to determine how the future BTH Community Frailty service will be commissioned and delivered. Dr Rudnick explained that options had been discussed with PCN Directors with questions asked at the Network of Networks. Clinical Directors wanted the service integrated into neighbourhood teams as a separate service using the Rockwood

	Score and CGAs could be carried out by the frailty service within the community setting. D Bonson confirmed that funding had been achieved through the Vanguard, however, there had been a lot of change to the service since that time. Dr Rudnick expressed that GPs do not want the service blended into a hospital based service, preferring a specific service to be based within PCNs. B Goodman reported that work had been undertaken for more than 2 years with the Trust in breaking down service lines within the contract. A number of things had been progressing in the background across services being paid for versus activity. Not all the information is shared; it is difficult to find the reasons why. It was confirmed that finance has been involved in discussions. BTH is currently being paid under national guidance, this makes it difficult to put any contract variations into any services. Remodelling needs to be discussed with the Trust without money being involved. It was confirmed this is a service across the community, whether the person is in a care home or not. A paper had recently been produced regarding care home teams showing that the teams would be completely integrated and structured the in the same way across the Fylde Coast. The Fylde Coast is in a good position to meet the direction from central government in phase 2 to protect the care homes; this could be a position to build on and recruit to. Discussion was held around staffing and recruitment and it is hoped that some doctors and advanced nurse practioners would be incorporated within the service, however, at this stage it is not known what can be afforded and what staffing is available. The service had been looked at from a primary care perspective and the hospital has also been doing some work, however, the work needs to be joined up. D Bonson to take to the ICP to give leadership and pace, involving L Rudnick as lead. B Butler-Reid reported as frailty is a 'big ticket' item, Jane Scattergood has been assigned as executive sponsor within the ICP; B Butler-Reid to ask Jane to link with L Rudnick. **RESOLVED: That the Committee note the content of the paper and outcome of the Network of Network discussion.**
11	**Stroke Service Concerns –** Concern had been raised by Lay Members at a recent Quality Committee meeting. An action plan and further detail to be presented to the Clinical Commissioning Committee at their next meeting. ***M Ashton joined the meeting.***
12	**Minutes to be Received** - **Fylde Coast Medicines Group (FCMG) – 28 July 2020** - **Collaborative Commissioning Board – 12 May, 14 July, 11 August 2020** - **Fylde Coast A&E Delivery Board – 24 July 2020** - **Fylde Coast Transforming Community Equipment Services Steering Board – 19 August 2020 –** Concern was raised within the minutes in relation to negative comments about finance and the provider. D Bonson confirmed that A Lomas and G Dexter are representing the CCG at meetings and have raised a lot of concerns about the level of information coming from the provider to Executives. The contract is being extended on the condition this is improving. B Goodman confirmed caveats have been included within the contract and the Commissioning Delivery Oversight Group (CDOG) is aware of the issues, however, would raise again at the next CDOG meeting. **ACTION: B Goodman** **RESOLVED: That members receive the minutes.**
13	**Items to forward:-**

	Items for the next Clinical Commissioning Committee meeting –.. ICS strategy. **Items to be considered by the Governing Body –** No items. **Items to be considered by the Council of Members (CoM)/GP Link –**.GP Link not up and running yet. B Butler-Reid providing weekly/bi-weekly updates.
14	**Any Other Business** **Healthy Fylde Coast Second Phase** – Michelle Ashton reported that the second phase of the contract is in the process of being created, from October to January. This has been delayed as the GOFF guidance has just been received and this needed to be reflected. When KPIs in phase 2 have been agreed with commissioning leads and clinical leads, M Ashton to circulate for comments prior to taking to the Primary Care Commissioning Committee in October. **ICS Clinical Strategy –** D Bonson reported this to be under development and would be tabled at the next meeting for discussion..A slide pack would be circulated to members to provide an opportunity to consider/field questions prior to the next meeting. ***ACTION: DB***
15	**Date and Time of next meeting** Tuesday, 20 October 2020, 1.30 pm – 3.30 pm.