Fylde and Wyre
Clinical Commissioning Group

Agenda item no. 22

GOVERNING BODY MEETING – TUESDAY 19 SEPTEMBER 2017

MINUTES TO BE RECEIVED

Title of Meeting	Clinical Commissioning Committee
Date of Meeting	4 July 2017
Status (ratified/draft)	Final
CCG Representatives	As noted in the minutes

Summary of key issues discussed:

Policy on avoiding long hospital stays - the committee agreed to the process in principal in order to support clinicians and advised that a separate meeting to pursue the financial impact of the policy should take place.

Choice and equity policy - the committee agreed that the policy should be considered by the JCCCG to facilitate the agreement of a single approach across Lancashire and that the JCCCG is provided with a policy impact assessment. The committee also recommended that the STP be requested to co-ordinate a proportionate Lancashire wide engagement exercise and provide feedback to the JCCCG to inform their decision.

Integrated neighbourhood clinical care home and housebound model - the committee supported the clinical model and the clinical interventions and the principle that the neighbourhood care team deliver the model. The committee also supported commencement of the work on the basis that the service must as least deliver savings that are equal to its costs ahead of receiving a full business case.

The committee was updated on the **integrated Better Care Fund** including proposed schemes and funding assumptions.

Issues requiring action:

Details:	**By whom:**	**Timescale:**

Recommendation:

The Governing Body is asked to review and note the contents of the minutes.

Dr Tony Naughton
Clinical Chief Officer

NHS
Fylde and Wyre
Clinical Commissioning Group

Clinical Commissioning Committee

Tuesday 4 July 2017 *(ratified 5th September 2017)*

13:00-15:00

Boardroom, NHS Fylde and Wyre CCG

MINUTES

Present:

Dr P Benett	Elected Clinical Lead	FW CCG
Dr VG Chandrasekar	Elected Clinical Lead	FW CCG
Dr K Greenwood	Elected Clinical Lead	FW CCG
Dr F Guest	Elected Clinical Lead	FW CCG
Dr A Janjua (chair)	Elected Clinical Lead	FW CCG
Dr T Marland	Elected Clinical Lead	FW CCG
Dr I Stewart	Secondary Care Doctor	FW CCG
P Tinson	Chief Operating Officer	FW CCG

In Attendance:

A Bate	Community Engagement Manager	FW CCG
S Camplin	Head of Commissioning	FW CCG
V Crumbleholme (part)	Commissioning Manager	FW CCG
A Lomas (part)	Commissioning Manager	FW CCG
J Moores	Minutes	FW CCG
T Riddick	Senior Integrated Governance Manager	FW CCG
W Roberts (part)	Commissioning Officer	FW CCG
N Walmsley	Head of Planning and Performance	FW CCG
J Williams	Head of Finance	FW CCG

No	Item
1	Welcome and apologies for Absence Apologies for absence were received from J Aldridge, Dr Z Atcha, Dr S Ellwood, A Harrison, K Hurry, Dr T Naughton and Dr J Panesar.
2	Any Other Matters of Urgent Business No items
3	Declarations of Interest None
4	Minutes of the Clinical Commissioning Committee held on 6th June 2017 The minutes of the last meeting were agreed to be an accurate record subject to the following addition to: Item 7.3.1 – Fylde Coast End of Life Strategy It was noted that the strategy is aspirational and is subject to resources being available.

5	Matters Arising from the minutes of the last meeting Fleetwood, Lytham and WIN neighbourhood pilot scheme evaluation The Chief Operating Officer updated the Committee that the CCG executive management team received an update paper on the Fleetwood neighbourhood pilot scheme; additions to the paper were suggested including the identification of lessons learned from all neighbourhood schemes. The Head of Planning and Performance is to meet with the Lay Member for Governance to discuss the matter further. An update following this meeting will be provided at the September 2017 committee meeting.
5.1	Action Sheet and receipt of updates Same day health centre GP direct bookable service - The CCG has not received the significant events audit. B McKeowen will discuss the actions and measures required with Dr Janjua. An update will be provided at the next meeting.
6	Performance dashboard – April 2017 (month 1) N Walmsley presented the performance dashboard for month 1 (April 2017), the following updates were noted: Cancer 62 day performance – the target has not been achieved in month with performance of 87.5%. Unvalidated performance data for May and June 2017 was noted as 81% and 80% respectively, therefore the target would not be achieved. A meeting to discuss performance on this target is to take place with BTH NHS FT and an action plan put into place. Cancer screening target – performance data suggests this target will not be achieved in May and June 2017 and the performance action plan with the trust will also take this area into account. RTT 18 week pathway – the target has not been achieved in month with performance of 90.86%. It was noted that the May and June 2017 target has not been achieved across a broad range of specialties. A broad reason for this level of performance was noted as cancellation of elective appointments during the period of the NHS cyber-attack; however, this does not explain a three month decline in performance. A meeting to discuss performance on this target is to take place with BTH NHS FT and an action plan put into place. Accident and Emergency / Delayed transfers of care (DTOC) - the operational standard and the STF trajectory have not been achieved by BTH NHS FT in month. The CCG target for DTOC's is 16 per month at BTH NHS FT and 2 per month at Lancashire Teaching Hospitals Trust. Daily contact is made between the CCG and the Trusts to discuss and expedite any delayed transfers of care. The Chief Operating Officer requested that the performance dashboard contains current information wherever it is available and that the accompanying narrative is focussed on actions undertaken and expected impact.
7 7.1	Programme Management Office (PMO) NHS Fylde and Wyre CCG Savings and projects dashboard – June 2017 N Walmsley presented the dashboard in a draft format noting that the document provided an overview of the work of the project task and finish groups who will flag any project slippage in timescales or non-delivery of expected savings. The committee were advised that the savings against planned activity and finance data included in the report for month 1 were not fully validated and some data is provided in differing formats which did not provide a clear line of sight. The task and finish groups report to the CCG executive management team on a bi-weekly basis to provide an update and are given guidance and challenged on the projects. The committee commented on the layout of the data for the 2017/18 savings position that this information should be presented in an alternative format. It was noted the exception reports will be provided to the committee on a monthly basis. The committee noted the number of referrals to extensive care service (ECS) and that the service is currently under-utilised and questioned the risks of the service not delivering against the savings plan. S Camplin advised that referrals are closely monitored and an increase was seen following a presentation to the CCG Council of Members. An update on ECS is to be received at the July Council of Members meeting where agreement

	will be sought that should an increase in referrals not be reported by the August 2017 meeting an information governance work-around be implemented. Clinical members advised that barriers to patients accepting a referral to the service have been reported as the length of wait for a first appointment, although it was noted that this is no longer the case. Another reason noted was the patient perception their care needs were being handed over to someone else instead of the GP. S Camplin cited the strong evidence that ECS is effective on multiple levels and shows a significant reduction in primary care workload. It is also felt that the GP is best placed to have a conversation with the patient regarding their referral to the service. Clinical members queried the reason patients were determined unsuitable for referral to the service. S Camplin advised that patients would be offered a first appointment assessment and at this point a certain number of patients would be considered that ECS cannot offer them any services or alternatively these patients would be deemed that all elements of their care are already being met and the ECS team could not add anything to the patient's care planning. The Chief Operating Officer advised that a Governing Body development session is to be arranged to discuss the finance elements of the service and service utilisation. T Riddick advised the ECS team will be attending a future Practice Nurse Forum meeting to discuss how practice nurses can refer into the service. Clinical members noted the challenges regarding the prescribing project and 4 practices have rescinded their interest to participate in the scheme. Further discussions are to be held regarding this matter by the CCG Executive Management Team.
7.2 7.2.1	Policies for approval Avoiding long hospital stays (noted as item 7.2.2 on the agenda) W Roberts presented the policy which has been developed by the Lancashire and South Cumbria urgent and emergency care task and finish group to support patient's timely and effective discharge from an NHS inpatient setting. The committee were advised that the majority of patients would proceed through a normal discharge process and this policy would only affect a small number of patients. It is yet to be established which organisation would be responsible for the funding of interim packages of care, what level of care should be in place and for what period of time. Currently across Lancashire and South Cumbria CCGs are offering to fund interim placement without prejudice for varying amounts of time. The decision on the funding of placements has not yet occurred with Lancashire County Council and has been delayed due to purdah and a change in administration. The funding of interim placements has not yet been costed and scoping work to assess costs is being undertaken. It was noted that the Provider is in favour of implementation of the policy and they provided input into the design of the process chart. RESOLVED: The committee agreed to the process in principal in order to support clinicians and advised that a separate meeting to pursue the financial impact of the policy should take place.
7.2.2	Choice and equity policy (noted as item 7.2.1 on the agenda) W Roberts presented the policy which outlines that CCGs across Lancashire would not fund a home care package where its costs are more than 10% higher than care in an alternative appropriate location, such as a care home. It was noted that if the policy was enacted this could cause inequity between NHS Fylde and Wyre CCG and NHS Blackpool CCG as Blackpool CCG have been applying the policy with a funding cap of 20% for some time. Blackpool CCG may discuss reducing this cap to 10% to come in line with the rest of Lancashire, however, the impact of the 20% cap which Blackpool CCG apply is unknown.

	This policy would not apply to complex learning disability patients as this co-hort is covered under the arrangements of the transforming care partnership, the committee commented that this arrangement could also cause inequity. Clinical members commented that the policy did not allow an option for the patient to fund the difference in cost in order to provide care at home. The committee felt that a consistent approach across Lancashire is preferred this should be considered by the Joint Committee of Clinical Commissioning Groups (JCCCG) and the STP should be requested to undertake some engagement prior to implementation. RESOLVED: • The committee agreed that the policy should be considered by the JCCCG to facilitate the agreement of a single approach across Lancashire • The committee will feedback comments to the JCCCG • The committee recommended that the STP be requested to co-ordinate a proportionate Lancashire wide engagement exercise and provide feedback to the JCCCG to inform their decision • The committee recommended that the JCCCG is provided with a policy impact assessment
7.3 7.3.1	Gateway documents for approval Integrated neighbourhood clinical care home and housebound model S Camplin delivered a presentation which detailed the Fylde and Wyre CCG workstreams which support the care home and housebound cohort of patients and how this links with the wider integrated neighbourhood care model. The future vision for an integrated neighbourhood was presented which detailed a workforce able to work across multiple disciplines. Best Practice Evidence presented the workforce make-up of the multi-disciplinary team and the recommended interventions, these together would provide the best model to support care homes. A list of proposed interventions to the care home population was presented which would provide a whole system approach to keep these patients out of hospital and avoid non elective admission. These interventions would form part of the future model and have been evidenced as having the largest impact in terms of quality and financial savings. The proposed interventions were RAG rated to detail where the model can be developed more easily and interventions which would require engagement from GPs and patient choice. The committee were advised that the Principia model which supports alignment between GPs and care homes, residents would still have a choice of GP. This model included delivery of geriatric assessments within 2 weeks. RESOLVED: • The committee support the clinical model and the clinical interventions • The committee support the principle that the neighbourhood care team deliver the model • The committee support commencement of the work on the basis that the service must as least deliver savings that are equal to its costs ahead of receiving a full business case
8	iBCF V Crumbleholme delivered a presentation to update the committee on the integrated Better Care Fund. The committee were reminded that the programme is a pooled budget made up of CCG funding and local government grants. The presentation outlined proposed schemes and funding assumptions with an overall vision to improve flow and reduce delays and variation within the system and on discharge. The summary of proposed schemes to be delivered on a neighbourhood footprint and totalling £628k were presented

	and the committee were advised that all schemes were to be signed off towards the end of July The next steps for the programme are to confirm the funding for iBCF with Lancashire County Council, develop schemes into business cases aligned with Lancashire County Council and Fylde Coast partners and confirm the current status off all BCF schemes to the Health and Wellbeing Board. RESOLVED: That the committee noted the presentation and the associated work required
9	Diabetes professional education programme – sponsorship for training and education S Camplin presented the report to inform the committee of 3 diabetes education events which will be sponsored by the pharmaceutical industry. The sponsorship of the events has previously been approved by the CCG Executive Management Team (EMT) and the committee is asked to formally ratify the approval decision made by EMT. The event sponsors have received clear guidance on their role at the education events and have followed the Fylde and Wyre CCG approved process for sponsorship of events and signed an agreement with the CCG. RESOLVED: That the committee formally ratify the approval decision made by the CCG Executive Management Team.
10 10.1 10.2 10.3	Minutes to be received A&E delivery board held on 8th June 2017 (draft) Collaborative commissioning board held on 9th May 2017 (final) OD forum held on 24th April 2017 (draft) The minutes of the above meeting were received and the contents noted.
11	Items to Forward Items for the next meeting,5th September 2017 – Diabetes Community Integrated Service Items to be considered by the Governing Body, future meeting – Choice and equity policy. Items to be considered by the Council of Members, 11th July 2017 – Integrated neighbourhood clinical care home and housebound model.
12	Any other business The Chief Operating Officer tabled a document produced by the Whyndyke Garden Village project team. This document detailed ideas to launch brain storming session to understand what the healthy new town could look like and the requirements to achieve the vision. The document will be circulated by email and comments to the Chief Operating Officer are welcomed.
13	Date and time of next meeting: Tuesday 5th September 2017 at 13:00 in the Boardroom, NHS Fylde and Wyre CCG