

**MEETING OF THE FYLDE AND WYRE CLINICAL COMMISSIONING GROUP  
GOVERNING BODY  
HELD ON TUESDAY 18 JULY 2017 AT 1.00PM  
CCG OFFICES, DERBY ROAD, WESHAM, PRESTON, PR4 3AL**

**Present:**

Ms M Dowling, Chair  
Dr V G Chandrasekar, GP and Elected Clinical Member  
Dr K Greenwood, GP and Elected Clinical Member  
Dr F Guest, GP and Elected Clinical Member  
Dr A Janjua, GP and Elected Clinical Member  
Dr T Johnson, GP and Elected Clinical Member  
Dr T Marland, GP and Elected Clinical Member  
Dr J Panesar, GP and Elected Clinical Member  
Mr P Olive, Lay Member (Governance)  
Dr I Stewart, Secondary Care Doctor  
Mr K Toole, Lay Member (PPE)  
Mrs J Aldridge, Chief Nursing Officer  
Mr A Harrison, Chief Finance Officer  
Mr P Tinson, Chief Operating Officer

**In Attendance:**

Mrs P Bowling, Corporate Affairs/Governing Body Secretary  
Ms K Hurry, Head of Communications and Engagement

63/17 **Apologies for Absence**

Dr T Naughton and Dr P Benett.

64/17 **Welcome and opening remarks**

The Chair opened the meeting and thanked members of the public for their attendance. The Chair advised that this was a meeting held in public and not a public meeting and any questions arising from the meeting papers or subsequent discussion would be invited later in the agenda. Questions were also welcomed in writing or via the CCG's website.

The Chair referred to recent media reports where concerns about a slowing down in life expectancy contrasted with the Chief Medical Officer's Annual Report about genomics and the exciting prospects it conveyed for improvements in health and wellbeing. Both issues would shape the way the CCG commissions health care in the future.

The Chair and Jennifer Aldridge, Chief Nursing Officer, judged the CCG's Annual Staff 'Great CCG Bake Off' competition which raised over £250 for mental health charity Lancashire Mind. The Chair commended the talent of staff and the tremendous effort to raise funds for this very worthy cause. Special thanks went to Dan Clough and his colleagues in the Communications and Engagement Team for organising the event.

65/17 **Any other matters of urgent business**

There were no other matters of urgent business.

66/17 **Declarations of interest**

There were no declarations of interest relating to items on the agenda.

67/17 **Minutes of the previous meeting held on Tuesday 23 May 2017**

The minutes of the meeting of the Governing Body held on Tuesday 23 May 2017 were agreed as a correct record, subject to amendment to item 47/17 to read 'clinical lead for unscheduled care'.

68/17 **Matters Arising and Action Points**

There were no matters arising and an update on actions was provided as follows.

Dr Chandrasekar advised that the occupancy of maternity beds was currently 70%; the remaining 30% of beds were ring fenced for contingency and emergencies and not utilised for medical patients. Nurse staffing was based on the number of births, rather than beds.

P Tinson advised that following completion of the approval process all requirements, including Fylde coast, ACS and STP priorities, would be drawn together into an overall commissioning plan.

69/17 **Chair's Report**

The Chair presented her report and drew attention to key points contained therein. These included an update on the latest meeting of the Joint Committee of CCGs, the 12-week public engagement exercise around proposals to develop a new health facility for the patients of the Kirkham and Wesham neighbourhood and progress with the development of the Accountable Care System for the Fylde coast.

The Governing Body was asked to endorse a recommendation from the Audit Committee that committee effectiveness reviews should in future be done on a two-year basis unless there was a significant change in the constitution or way of working of any particular committee.

*Action: Governing Body Secretary*

**The Governing Body noted the content of the report and agreed that committee effectiveness reviews should in future be done on a two-year basis.**

70/17 **Report of the Clinical Chief Officer**

On behalf of Dr Naughton, Dr Janjua presented the report and drew attention to following key points contained therein.

This year's CCG Improvement Assessment Framework (IAF) will be published on the My NHS website on 19 July. This is the second year of publication for the IAF, in which CCGs are measured against 56 indicators across six domains. The GP Patient Survey 2017 was published earlier this month. The majority of the 2,225 people who responded across Fylde and Wyre were positive about their GP care – with almost 86% rating their overall experience of their GP surgery as good (compared to 85% nationally).

Dr Marland also drew attention to the National Diabetes Prevention Programme and recognised the hard work and effort of staff at Fylde and Wyre CCG who, on behalf of the Lancashire and South Cumbria STP, were instrumental in seeking resource from NHS England for this package of measures to support people with diabetes.

**The Governing Body noted the content of the report.**

71/17 **Report from the Council of Members**

The Chair congratulated Dr Kath Greenwood on her election as Chair of the Council of Members and to Dr Tom Marland on his election as Vice Chair of the Council of Members.

Dr Greenwood thanked the membership for their support in electing her to the role of Chair and thanked Dr Tom Johnson for the work he had done in the role over the last 5 years. Dr Greenwood said she did not underestimate the importance of this role and would continue to seek the support and engagement of the membership going forward.

Dr Greenwood recommended to the members, the summary of key issues extracted from the Council of Members meeting minutes of 9 May 2017 and 13 June 2017 summarising the key elements of debate and discussion.

**The Governing Body noted the content of the minutes of the Council of Members meetings held on 9 May and 13 June 2017.**

72/17 **New Models of Care (including patient story)**

Dr F Guest and Mr P Tinson presented an update on New Models of Care. Dr Guest began by providing an overview of the three models: Extensive Care, Enhanced Primary Care and Episodic Care. An overview was also provided of the Pharmacy Plus Clinic Service, an evolved minor ailments service with additional emphasis on the promotion of self-care. P Tinson provided an overview of the New Care Home Models which had been piloted in neighbourhoods across Fylde and Wyre. These models centre on improving triage and assessment of patients, increasing the access of Care Home staff to advice/support from healthcare professionals and medication optimisation. Also highlighted in the presentation were initiatives taking place as part of 'Healthier Fleetwood', the development of a Directory of Services due to be launched mid-August, and an explanation of the future vision and next steps. The presentation concluded with a 'patient story', a video of a patient who had received care from the Extensive Care Service.

The Chair expressed her thanks for the informative presentation and invited questions and comments.

In response to a question about analysis in terms of cost savings and GP/hospital 'deflection' rates it was stated that a robust evaluation was underway.

It was suggested that there should be a fourth level to the pyramid on 'prevention' and integration with public health colleagues. It was confirmed the LCC Public Health Department were already engaged with the New Models of Care and there was a specific public health element to the Episodic Care workstream. However, this was recognised as an area for further development, for example, it was hoped to replicate the very successful 'Healthier Fleetwood' initiative in Blackpool via the Vanguard programme.

In response to a suggestion of integrating community therapy teams into neighbourhood teams, it was confirmed that this was worthy of consideration and discussions were beginning to take place. Reference was made to the development of the multispecialty community provider (MCP) and the importance of focussing on integration going forward.

The Chair said she was very encouraged by the work taking place and the tangible evidence of achievements to-date. The Chair asked the Governing Body if a position had been reached whereby the CCG could commit to the New Models of Care and integrate them as part of its service provision. P Tinson confirmed that the organisation was continuing to learn from the New Models of Care and was considering how these schemes formed part of the broader neighbourhood care teams with the intention of having firm plans in place by 1 August 2018.

A Harrison added that this should only be the way forward if it delivered better outcomes, was affordable and took costs out of the existing system.

**The Governing Body received the presentation on progress with the New Models of Care and noted the next steps to integrating these models in the provision of care commissioned by the CCG.**

73/17 **2030 Vision for Health and Care**

P Tinson provided an update which complemented the earlier presentation. Attention was drawn to a number of key areas from the report including Multi-speciality Community Provider (MCP) development and progress of the Whyndyke Garden Village (WGV) Healthy New Town. The Clinical Commissioning Committee had recently approved the Fylde coast End of Life Strategy 2017-2022 and a 6-month pilot extension of the existing lifting service provision to care home patients. An overview was provided of a revised reporting and governance process which commenced in June 2017 to support assurance and oversight of projects and focus on the achievement of savings plans. This included review and challenge by the Executive Management Team and a focussed challenge session at the September 2017 meeting of the Clinical Commissioning Committee. The Chair asked that the Governing Body be given oversight of this process and A Harrison suggested that this also be reviewed at the Finance and Performance Committee.

**The Governing Body approved the content of the report and approved the rate of progress being made across the commissioning projects.**

#### 74/17 **Performance Dashboard**

Members received the report which provided a summary of current performance and activity across Fylde and Wyre CCG including key issues and actions.

P Tinson highlighted areas of performance concerns including A&E waiting times, ambulance response times, referral to treatment times (% patients on incomplete pathway waiting less than 18 weeks) and cancer 62 day waits. For each of the areas of concern, issues and actions taking place to improve performance were highlighted. J Aldridge highlighted performance against the quality indicators in particular mixed sex accommodation, C. Difficile and A&E 12 hour decision to admit breaches.

J Aldridge advised that Blackpool Teaching Hospitals continued to be an outlier in relation to mortality and SHMI targets. In addition to the current accountability and assurance arrangements, the CCG was continuing to progress with plans to meet with the Trust to discuss this further. Furthermore it was envisaged that discussion would also take place at the Accountable Care System Steering Group. A comment was made that no mortality performance data was provided for Lancashire Teaching Hospitals NHS Foundation Trust. J Aldridge advised that following the CQC inspection of the Trust, a change to their performance reporting process had taken place however the Trust was not currently an outlier in relation to mortality.

Reference was made to a recent briefing session with the North West Ambulance Service (NWAS). The session was very useful and an early indication was given of changes to some reporting standards and changes taking place nationally. Further work would be undertaken with NWAS on the new performance targets and the optimised future provision of services across Fylde and Wyre.

A further comment was made that the performance of Blackpool Teaching Hospitals appeared to be deteriorating in a number of areas and a question asked as how assured the CCG was that this position would improve. The Chair confirmed that various mechanisms were being utilised to facilitate improvements, such as the A&E delivery board, and the CCG would continue to work closely with the Trust and keep the position under review. It was noted that with the Accountable Care System (ACS) Memorandum of Understanding referred to four priority services in which the ACS was expected to make rapid progress in 2017/18 including urgent and emergency care; primary care; cancer and mental health.

**The Governing Body noted the content of the report and urged close monitoring of many of the key targets in order to seek improvements and endorsed the actions being taken.**

75/17 **Communications and Engagement Report (including Public Pledges report)**

K Hurry updated the Governing Body on the progress made to deliver the CCG's communications and engagement strategy over the past six months including an update on how the CCG is delivering against its public pledges. Attention was drawn to a number of areas within the report including the Fylde coast approach to managing the communications relating to the recent cyber-attack which demonstrated the strength of collaborative working across the three Fylde coast NHS organisations.

An update was provided regarding the Kirkham and Wesham engagement exercise relating to a proposal for a new health facility. Since the launch of the engagement three weeks ago, 628 formal survey responses had been received. There were opportunities for 80,000 different people to have information via social media and there had been more than 2,500 visitors to the website. Officers from the CCG attended a public meeting hosted by Kirkham Town Council on 12 July to discuss the proposal with 240 people in attendance.

The CCG's use of social media to engage had increased and the Kirkham and Wesham exercise demonstrated the importance of this communication channel. The CCG was also assisting GP practices to get the most from social media by creating a network of Facebook accounts across Fylde and Wyre.

Dr Marland made reference to a survey recently undertaken with the Council of Members which was not included in the report. K Hurry agreed to follow this up.

*Action: K Hurry*

The Governing Body welcomed this update report and acknowledged the vast amount of work undertaken by the Communications and Engagement Team in this critical area of business.

**The Governing Body noted the progress made generally and specifically in relation to the Public Pledges and approved the future planned activity.**

76/17 **Communications, Engagement and Community Development Strategy 2017/18 – 2018/19**

K Hurry presented the updated draft Communications, Engagement and Development Strategy for the CCG which is based on considerable insight gathered from a variety of sources. It was noted that the Strategy is a living and dynamic document and will remain flexible particularly in light of developments with the Accountable Care System.

P Tinson welcomed the inclusion of community development within the strategy and said that this would be brought into ongoing discussions with the neighbourhood chairs about how empowering people and communities was taken forward on a neighbourhood level. K Toole added that he would be raising this with the PPG Chairs also.

The Chair welcomed the publication of this excellent strategy and action plan which provided a robust framework for the CCG's communications, engagement and community development activity.

**The Governing Body approved the Communications, Engagement and Development Strategy.**

77/17 **Financial Update**

A Harrison presented the key headlines and advised that the CCG had met its key financial duties at month 02 (May 2017), however, achievement of the QIPP target of £6.8m remained

a challenge. The financial performance of the CCG's main providers was also provided and the key risks highlighted.

**The Governing Body noted and approved:**

- 1) the financial position at month 02;
- 2) the achievement of financial duties to date;
- 3) forecast outturn at early stages;
- 4) 0.5% headroom established;
- 5) allocation received in line with plan;
- 6) net risk position (as reported to NHSE).

**78/17 Update on Conflicts of Interest**

P Olive, Audit Committee Chair and Conflicts of Interest Guardian updated members on the continuation of the review of the Conflicts of Interest Policy. It was confirmed that the updated registers of interests of employees, Council of Members, Governing Body and GP practice register had been published on the CCG's website. NHS England had published revised Statutory Guidance in June 2017 and the CCG's current policy was being reviewed in light of this. Principal areas of revision were around gifts and hospitality and the values which trigger declaration.

**The Governing Body noted the content of the report.**

**79/17 Governing Body Assurance Framework**

J Aldridge presented an update on the CCG's Operational Risk Register and Corporate Governing Body Assurance Framework. There were 22 risks on the full risk register including 3 high rated risks. No risks had been closed during the period 28 February to 28 April 2017 and two new risks added since 8 March 2017. These included the provision of acute stroke services and failure to redesign and commission diabetes services delivered in Fylde and Wyre. Information on the risk assessment process had also been added to the report for members' information.

The Governing Body reviewed the content of the Governing Body Assurance Framework and agreed that the risk assessments were appropriate.

**The Governing Body approved the updated Assurance Framework.**

**80/17 Application for GP Practices to join FWCCG**

P Tinson advised that as reported at a previous Governing Body meeting, Fylde and Wyre CCG had received a request from three neighbouring GP practices to join its CCG footprint. In accordance with NHS England guidance the CCG was required to make an application to NHS England to change its boundaries. P Tinson drew attention to the attached letter and accompanying documents which set out the rationale for the proposed boundary change. On 11 July 2017 the Council of Members supported the submission of the documentation to NHS England recognising that the application was subject to the outcome of a due diligence process and that the members would receive a further report in accordance with the milestone plan. The Council of Members had also approved the necessary changes required to the CCG's Constitution.

Dr Marland added that he had been engaging with the three GP Practices on the formation of a new 'rural' neighbourhood with Over Wyre Medical Centre. The practices were very forward thinking and, subject to the due diligence process, this presented an opportunity to work together to decide how best to tailor services to meet the needs of local people.

**The Governing Body approved submission to NHS England of its application to change its boundaries.**

81/17 **Annual Reports of Committees of the Governing Body**

a) Annual Report of the Finance and Performance Committee 2016/17

The Annual Report of the Finance and Performance Committee 2016/17 was presented to the Governing Body for agreement. In response to a question as to whether the 'elected clinical lead' member had to have a specific clinical role, it was confirmed that this had not been the case in 2016/17 however this would form part of the review of clinical lead support to committees.

**The Governing Body approved the Annual Report of the Finance and Performance Committee for 2016/17 subject to a correction on the attendance list of members of the Committee to include the CCG Chair.**

*Action: J Williams*

b) Annual Report of the Primary Care Commissioning Committee 2016/17

The Annual Report of the Primary Care Commissioning Committee 2016/17 was presented to the Governing Body for agreement.

**The Governing Body approved the Annual Report of the Primary Care Commissioning Committee 2016/17.**

82/17 **QUESTIONS FROM THE PUBLIC**

Malcolm McIlmurray, Non-Executive Director, Blackpool Teaching Hospitals NHS Foundation, said that he was coming to the end of his Term of Office at the Trust and thanked the CCG for the opportunity to listen to the debate which had been very valuable. The New Models of Care presentation had been of particular interest to him and he was grateful to be able to receive the level of detail provided and hoped that the developments would continue.

Dr McIlmurray referred to the information on Mortality and commented that the SHMI and HSMR figures were different. He added that the issue of Mortality was not just a hospital matter; there were issues in the community which affected the way in which the Trust was perceived around these figures, so it was important that the health economy found a forum to get together to discuss these issues.

The Chair thanked Dr McIlmurray for his attendance at the CCG's Governing Body meetings and wished him well for the future.

83/17 **Minutes of meeting to be received:**

- (a) Audit Committee – 25/5/17
- (b) Quality Improvement, Governance and Engagement Committee – 25/4/17 and 30/5/17
- (c) Finance and Performance Committee – 28/3/17 and 30/5/17
- (d) Clinical Commissioning Committee – 7/3/17, 4/4/17, 2/5/17 and 6/6/17
- (e) Primary Care Commissioning Committee – 21/3/17
- (f) Lancashire Health and Wellbeing Board – 7/4/17
- (g) Healthier Lancashire & South Cumbria – Joint Committee of CCGs - 2/3/17

**The Governing Body reviewed and noted the contents of the minutes.**

84/17 **Date and time of next meeting:-**

- Tuesday 19 September 2017
- 1.00pm
- North Euston Hotel, Fleetwood