



A healthier future for our communities



**Fylde and Wyre  
Clinical Commissioning Group**

**GOVERNING BODY MEETING – TUESDAY 22 MARCH 2016**

**MINUTES TO BE RECEIVED**

<b>Title of Meeting</b>	<b>CLINICAL COMMISSIONING COMMITTEE</b>
<b>Date of Meeting</b>	<b>01/12/2015; 12/01/2016 &amp; 02/02/2016</b>
<b>Status (ratified/draft)</b>	<b>RATIFIED</b>
<b>CCG Representatives</b>	<b>Internal meeting see minutes</b>

**Summary of key issues discussed:**

**01 December 2015**

- Home oxygen service business case – the Committee approved the recommended option (option B)
- Paediatric liaison pathway proposal – the Committee approved the revised pathway
- Pilot community pharmacy minor ailment service – the Committee approved the service specification and business case.
- Lytham neighbourhood housebound service specification – the Committee ratified the pilot service specification

**12 January 2016**

- Performance dashboard and reinvestment of contract sanctions proposals – the Committee approved the proposals regarding the reinvestment of contract sanctions
- Paediatric Community LD Team – business case: the Committee reviewed and approved the recommended option (option 1). The Committee approved the recurrent funding of £200k per annum
- Early intervention in Psychosis – business case: the Committee approved the business case. Approved the funding of £91,465 for year 1. Supported recurrent funding of £121,681 from 2017/18 onwards
- Expansion of the MSK service – business case and service specification: the Committee approved the service specification for the expanded MSK service, approved the recommended and preferred option (3) and approved the associated investment required
- Diabetes Foot MDT – business case: the Committee approved the proposed clinical model
- Community IV Therapy – service evaluation: the Committee confirmed their support of a community based nurse-led IV provision as the model of choice and agreed that the commissioning and finance teams should consider the most appropriate commissioning option for such a provision
- Neighbourhood Care Teams – business case: the Committee approved the recommended option (3) to introduce all components of the Neighbourhood Care Team. Approved the capacity, cost savings and assumptions presented, and agreed to commence implementation, subject to receipt of Value Proposition funding
- Falls Lifting Service – New Progress Housing Evaluation: the Committee approve the direction of the project and approved the funding of the service on a recurrent basis

**02 February 2016**

- British Red Cross A&E Assisted Discharge Service: the Committee agreed to support the investment of £38,000 to fund the service for 12 months subject to the approval of the proposal within the pipeline prioritisation process for 2016/17. Options to extend the operating hours of the service should be reviewed.
- Clinical Commissioning Committee Effectiveness Survey: the Committee considered the outcomes of the review and will incorporate the finding into the organisation development plan.

**Matters requiring action by Governing Body**

<b>Details:</b>	<b>By whom:</b>	<b>Timescale:</b>
No actions required.		

**Recommendation**

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

***Peter Tinson***  
***Chief Operating Officer***

<b>Clinical Commissioning Committee Meeting</b>
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Tuesday 1 December 2015

CCG Boardroom, Wesham

**MINUTES**

**Present:**

Dr V G Chandrasekar	Elected Clinical Lead	F&W CCG
Dr Felicity Guest	Elected Clinical Lead	F&W CCG
Dr Adam Janjua	Vice Chair	F&W CCG
Dr Tom Johnson	Elected Clinical Lead	F&W CCG
Dr Tony Naughton (Chair)	Clinical Chief Officer	F&W CCG
Dr Jacky Panesar	Elected Clinical Lead	F&W CCG
Dr Ian Stewart	Lay Member	F&W CCG
Peter Tinson	Chief Operating Officer	F&W CCG

**In Attendance:**

Zakyeya Atcha	Consultant in Public Health Medicine	Lancashire County Council
Pippa Hulme	Senior Commissioning Manager	F&W CCG
Amanda Lomas	Commissioning Officer	F&W CCG
Jill Moores	Minutes	F&W CCG
Tracy Riddick	Senior Integrated Governance Manager	F&W CCG
Pete Smith	Commissioning Manager	F&W CCG
Dr Rob Smyth	Clinical Lead	F&W CCG
Sarah Squires	Commissioning Manager	F&W CCG
Nicola Walmsley	Senior Commissioning Manager	F&W CCG
David Walsh	Interim Finance Support	F&W CCG

No	Item
1	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Jennifer Aldridge, Dr Peter Benett, Sarah Camplin, Dr Kath Greenwood, Andrew Harrison, Dr Jimmy Reid and Lesley Tiffen.</p>
2	<p><b>Any Other Matters of Urgent Business</b></p> <p>There were no matters of urgent business.</p>
3	<p><b>Declarations of Interest</b></p> <p>All GP's present declared an interest in item 9.</p>
4	<p><b>Minutes of the Last Meeting of the Clinical Commissioning Committee held on 3 November 2015</b></p> <p>The minutes of the last meeting were agreed to be a correct record with the following amendments: Item 7.2.1 to read, "this would require a net recurrent allocation of £67k from April 2016".</p>

	The removal of the sentence, "Agree to recurrent allocation of £75k for a Fylde and Wyre Children's Continence Service from April 2016 onwards".
5	<b>Matters Arising</b> There were no matters arising.
5.1	<b>Action Sheet and Receipt of Updates</b> The action sheet was reviewed and updated.
6	<p><b>Performance and Contracting Report – Month 6</b> Nicola Walmsley highlighted performance areas of concern which the Committee is responsible for <u>Cancer 31 day wait – subsequent treatment -</u> Year to date the CCG is achieving the target however in the month of September 2015 the CCG did not achieve the target as there were three breaches at Lancashire Teaching Hospitals NHS Foundation Trust (LTH NHS FT). The CCG has received the LTH NHS FT cancer improvement plan and Nicola Walmsley informed the committee that significant progress has been made against some of the actions contained within.</p> <p><u>Cancer two week waits – patients seen within 2 weeks for an urgent referral of breast symptoms -</u> In the month of September 2015 the CCG did not achieve the target. There were six breaches of the target at Blackpool Teaching Hospitals NHS Foundation Trust (BTH NHS FT) due to the patient rearranging their appointment. The CCG has asked BTH NHS FT to notify GPs if patients rearrange their appointments. It was also noted that appointments at BTH NHS FT are booked very close to the 14 day limit so in the event that the patient does rearrange the target is usually breached before another appointment can be issued.</p> <p><u>NWAS Targets category A calls to be responded to within 8 minutes</u> – For all red calls performance decreased during the month of September 2015. The target for category A calls has seen a slight improvement for Fylde and Wyre CCG and Lancashire when compared against the previous month. The health economy is seeing the early effects of Winter pressures but the overall performance position has improved slightly when compared to 12 months ago. Dr Smyth informed that due to the realignment of the 111 contract an increase of conveyances through the 111 service has been noticed.</p> <p><u>Ambulance handovers</u> – for the month of September 2015 both BTH NHS FT and LTH NHS FT have had a reduction in performance for ambulance handover within 15 minutes when compared to the previous month. The providers have queried how handover times are calculated and this was discussed at the BTH Contract Subgroup meeting, the Systems Resilience Group is to discuss how any penalties are reinvested at their next meeting on 10 December 2015.</p> <p><u>Improving access to psychological therapies (IAPT) recovery</u> – Performance for Fylde and Wyre CCG has improved for September 2015 when compared to the previous month. Lancashire CCGs have been successful in securing additional national resource to improve internal waiting times, it is hoped that improvement in targets should be seen from quarter 4.</p> <p><u>IAPT access to services</u> – The CCGs monthly performance for September 2015 is 0.05% below the trajectory target of 1.25%. Lancashire Care NHS Foundation Trust (LCFT) is confident that the 15% target for quarter 4 will be achieved.</p> <p><u>Estimated diagnosis rate for people with dementia</u> – the national release of data is now available for September 2015, using the revised prevalence calculator performance has dropped to 59.8%. A business case for increasing capacity within the memory assessment service was approved by the committee in November 2015 and it is anticipated that the impact of this will be realised by quarter 3 or quarter 4. The CCG has requested support from the NHS England Intensive Support Team and is awaiting a response.</p> <p>David Walsh advised that the finance team remain sighted on the financial position that is ongoing.</p>

	<p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• The Committee received the report.</li> <li>• The Committee note the current performance position and the position against those indicators for which the committee has overall responsibility.</li> </ul>
<p>7 7.1</p> <p>7.2 7.2.1</p>	<p><b>Programme Management Office (PMO) Dashboard</b></p> <p>Pippa Hulme presented the updated programme dashboard for the period 2 November 2015 to 20 November 2015.</p> <p>The Committee were advised that the Winterbourne Review outcomes project has been closed following approval at the Executive Management Team meeting. The learning disabilities fast track element of the project is being developed on a pan Lancashire collaborative basis.</p> <p>The diabetes service review (RAG red) – The MDT foot clinic business case is awaited, a revised deadline of 4<sup>th</sup> December 2015 has been issued for receipt of the business case if it is not received within this timescale discussions will commence with other providers. It was noted that the Committee support this approach.</p> <p>Extensions to three projects have been granted by the Executive Management Team, these were noted as the Fylde coast end of life strategy project which is expected to be published by June 2016. The paediatric community LD team project business case which is expected to be submitted to the January 2016 committee meeting and the IV therapy project; a report is to be submitted to the January 2016 committee.</p> <p><b>Resolved:</b></p> <p>That the Committee note the overall health of the projects in line with the key principles of the project and overall RAG rating by project in line with the comments assured by the PMO.</p> <p><b>Gateway Documents for Sign-off</b></p> <p><b>MSK business case and service specification</b></p> <p>Dr Johnson and Nicola Walmsley presented a business case for the proposed expansion of the current community musculo-skeletal service. The proposal would increase the capacity of the service by 1032 appointments per annum and reduce waiting times for all activity. The service would act as a gateway for all trauma and orthopaedic referrals providing a single point of access.</p> <p>Three options were presented to the committee for consideration with the preferred option being to expand the MSK service to triage all trauma and orthopaedic referrals and deliver a two week wait for a first appointment.</p> <p>Peter Tinson suggested that a slightly different contracting method be undertaken based on 80% block and 20% on outcomes and also suggested quarterly and 12 monthly review of key performance indicators.</p> <p>Dr Johnson informed of the need to ensure patient choice is offered at the tier two level.</p> <p><b>Resolved:</b></p> <p>That the Committee requested further information and clarification of certain points prior to making a decision on the business case and service specification, these were noted as follows:</p> <ul style="list-style-type: none"> <li>• Clarification regarding whether the assumption regarding 1032 patients previously seen in T&amp;O and discharged after a first outpatient includes those seen within a fracture clinic</li> <li>• A request that year 2 costs should be included within the option 2 finance and activity analysis, to reflect reduced cost of service provision following clearance of waiting list backlog</li> <li>• Clarification of how often the service should be reviewed.</li> </ul>

7.2.2	<ul style="list-style-type: none"> <li>• Clarification regarding whether a two week wait is clinically appropriate for all patients or whether this should vary between 2-4 weeks dependent on need.</li> </ul> <p><b>Home oxygen service business case</b> Pete Smith presented the business case for the Home Oxygen Service – assessment and review service. There is currently no home oxygen service in Fylde and Wyre which creates a risk for patients who are initiated with home oxygen as no formal assessment and reviews are carried out.</p> <p>The proposed service would be provided by specialist respiratory nurses who would carry out the initial assessment, follow up, education and support the withdrawal of the service where it is no longer required or effective. It was noted that there is flexibility within the service model to provide the initial assessments within a domiciliary setting and in the future the clinics could be run on a neighbourhood footprint.</p> <p><b>Resolved:</b> That the committee:</p> <ul style="list-style-type: none"> <li>• Approve the recommended option (option B)</li> <li>• Approve the intended 2 year interim delivery of the service by Blackpool Teaching Hospitals NHS Foundation Trust</li> <li>• Request that procurement advice is taken before any financial commitments beyond 2016/17 are made.</li> <li>• Agree to the review of potential providers and a procurement exercise for ongoing service delivery, commencing in 2016/17</li> <li>• Recommend that further submission to the finance and performance committee is required</li> <li>• Agree a net investment of £67k in 2016/17 and £100,416k in 2017/18.</li> </ul>
8	<p><b>Paediatric liaison pathway proposal</b> Dr Chandrasekar presented the report to propose a revised pathway for the Paediatric Health Visitor liaison service.</p> <p>Following a review of the current pathway by a project group a revised pathway was developed which would require out of hours settings to identify and communicate only those children aged 0-18 who require a follow up intervention from the community and this would be reported through existing systems to the GP practices. This information would then be forwarded onto health visitors and school nurses by the GP practice. Any immediate safeguarding concerns would remain the responsibility of the service providing the care.</p> <p>The Committee suggested that notification should be sent jointly to the GP and the health visiting or school nursing team and were concerned that if a notification was sent only to a GP it would then need to be forwarded onto another team and this added an extra step in the process. Dr Johnson queried if a similar arrangement was in place at Lancashire Teaching Hospitals and Dr Chandrasekar agreed to check.</p> <p>David Walsh queried if this service specification should be included as part of the BTH NHS FT service specification review process.</p> <p><b>Resolved:</b> The Committee approved the revised pathway and agree to implementation from January 2016 with the caveat that notifications from the service are sent to the GP and the health visiting and/or school nursing team.</p>
9	<p><b>Pilot community pharmacy minor ailment service</b> Sarah Squires presented the business case and service specification for the Pharmacy First Assist Service (Minor Ailment and Self-Care Scheme) pilot.</p>

The Committee were informed of the costs involved in the pilot scheme and of the activity level assumptions. The Fleetwood neighbourhood is piloting a pharmacy minor ailments scheme as part of the Prime Ministers Challenge Fund and it has been agreed that this scheme will become part of the Pharmacy First Assist Service so as one enhanced scheme will cover the whole of the CCG.

Patients are able to access and be referred into the service via a number of methods, the service also support the piloting of GP bookable appointments within practices. The focus of the service is on self-care and all consultation will have this advice embedded within.

All pharmacies within the CCG area will be have the opportunity to provide the pilot service as long as they meet the essential criteria set out and will be eligible for a £200 contribution to support set up costs.

Sarah Squires advised that the 111 DOS will be updated as pharmacies join the pilot scheme.

The business case outlines phase one of the pilot and it is proposed that future developments of the service (phase two) would include the provision of Patient Group Directions (PGDs) to supply a wider range of treatments.

The Committee were advised that late on in the finalising of the business case the CCG had received;

- a proposal from Choose Health, formed by the Local Pharmacy Committee (LPC), to provide management services for the Pharmacy First Assist Service Pilot, and
- a detailed letter from the LPC responding to the consultation price specified in the Business Case, which they feel has been priced too low.

Both of these matters require further detailed consideration. It was agreed that should either suggestion affect the business case, any proposed changes should be brought before the Executive Management Team for agreement, with final sign off of the Business Case by the December 2015 Finance and Performance Committee.

**Resolved:**

- Subject to any further LPC related information that the Committee review and approve the service specification and business case.
- That the Committee approve the commencement of commissioning the proposed service.
- That the Committee approve non recurrent funding of £36k for 2015/16 and £64k for 2016/17

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**Lancashire commissioning policies**

Peter Tinson presented the report to inform the Committee on the approach agreed to review and update the Lancashire commissioning policies which were inherited from the Primary Care Trusts and are still in use.

**Resolved:**

- That the Committee note and confirm support of the on-going collaborative work pan-Lancashire to develop consistency within the field of IPA
- That the Committee agree an extension to the current policies review date to July 2016 to enable a revision of these to be undertaken alongside the rest of Lancashire to enable consistency and ensure they are in line with the revised Statement of Principles and Framework for Decision Making.
- That the Committee nominate Dr Thomas Johnson to lead on the review of the Fylde and Wyre CCG proportion of listed policies and he is to delegate to the most appropriate person for further consideration and review.
- The Committee resolved that the Clinical Commissioning Committee should approve the Statement of Principles and Framework for Decision Making along with the updated policies as they become

	available, these documents would then be received by the Governing Body for ratification.
11	<p><b>Lytham neighbourhood housebound service specification</b></p> <p>Pippa Hulme presented the pilot service specification for the Lytham Neighbourhood Housebound service. The proposed service would improve the care of housebound patients by providing high quality nursing interventions with support of the patient's GP. The monitoring and needs assessment of housebound patients will lead to management plans which will be delivered by the dedicated nursing team. The service would be delivered by BTH NHS FT staff led by band 6 nurses and with follow up provided by Community Nursing Staff.</p> <p>An ongoing review of the service is to be provided by Lancaster University.</p> <p><b>Resolved:</b> That the Committee ratify the pilot service specification. That the Finance and Performance Committee had previously approved non recurrent funding of £88,700 for the 12 month pilot at the meeting on 28 July 2015.</p>
12	<p><b>Emergency falls vehicle utilisation update</b></p> <p>Amanda Lomas presented a dashboard to the Committee which details the utilisation to 31<sup>st</sup> October 2015 of the emergency falls vehicle, a full evaluation on the falls car will be provided at the end of the financial year.</p> <p>The Committee advised that the dashboard provided a good picture of current utilisation and advised that comparison data is needed to quantify the effectiveness of the vehicle.</p> <p>Amanda Lomas informed that when the pilot ends in March 2016 the CCG will have data on subsequent falls to provide an overall picture.</p>
13	<p><b>Minutes to be received:</b></p> <p>13.1 Collaborative Commissioning Board – 13.10.2015 13.2 Fylde Coast Commissioning Advisory Board – 15.10.2015 13.3 Network of Lancashire Clinical Commissioning Groups – 29.10.2015 13.4 Systems Resilience Group – 8.10.2015</p> <p><b>Resolved:</b> The Committee received the minutes and the contents were noted.</p>
14	<p><b>Items to forward</b></p> <p>14.1 Items for the next meeting, 12 January 2016 No items</p> <p>14.2 Items to be considered by the Governing Body, 19 January 2016 No items</p> <p>14.3 Items to be considered by the Council of Members, 15 December 2015 No items</p>
15	<p><b>Any other business</b></p> <p>No items</p>
16	<p><b>Date and time of next meeting:</b> Tuesday 12 January 2016 at 1.00pm in the CCG Boardroom, Wesham offices</p>



<b>Clinical Commissioning Committee Meeting</b>
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Tuesday 12 January 2016

CCG Boardroom, Wesham

**MINUTES**

**Present:**

Dr Peter Benett	Elected Clinical Lead	F&W CCG
Dr V G Chandrasekar	Elected Clinical Lead	F&W CCG
Dr Kath Greenwood	Elected Clinical Lead	F&W CCG
Andrew Harrison	Chief Finance Officer	F&W CCG
Dr Adam Janjua (Chair)	Vice Chair	F&W CCG
Dr Tom Johnson (to item 7.2.5)	Elected Clinical Lead	F&W CCG
Dr Jacky Panesar	Elected Clinical Lead	F&W CCG
Dr Ian Stewart	Secondary Care Doctor	F&W CCG
Peter Tinson	Chief Operating Officer	F&W CCG

**In Attendance:**

Mike Banks (from item 7.2.4)	Project Lead	F&W CCG
Sarah Camplin	Head of Commissioning	F&W CCG
John Gaskins (from item 7.2.4)	Finance and Business Support Manager	F&W CCG
Pippa Hulme	Senior Commissioning Manager	F&W CCG
Peter Kelly	Head of Information Technology	F&W CCG
Amanda Lomas (from item 7.2.4)	Commissioning Officer	F&W CCG
Jill Moores	Minutes	F&W CCG
Paul Olive	Lay Member	F&W CCG
Tracy Riddick	Senior Integrated Governance Manager	F&W CCG
Katie Rimmer	Commissioning Officer	F&W CCG
Will Roberts (to item 9)	Commissioning Support Officer	F&W CCG
Pete Smith	Commissioning Manager	F&W CCG
Dr Rob Smyth (to item 8)	Clinical Lead	F&W CCG
Lesley Tiffen	Commissioning Manager	F&W CCG
Kevin Toole	Lay Member	F&W CCG
Nicola Walmsley	Senior Commissioning Manager	F&W CCG

No	Item
1	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Jennifer Aldridge, Dr Zakyeya Atcha, Dr Simon Ellwood, Dr Felicity Guest, Dr Tony Naughton, and Dr Jimmy Reid.</p>
2	<p><b>Any Other Matters of Urgent Business</b></p> <p>There were no matters of urgent business.</p>

3	<p><b>Declarations of Interest</b></p> <p>All GP's present declared an interest in the business cases on the agenda.</p>
4	<p><b>Minutes of the Last Meeting of the Clinical Commissioning Committee held on 1 December 2015</b></p> <p>The minutes of the last meeting were agreed to be an accurate record with the following amendments: Apologies for Absence; Dr Kath Greenwood.</p>
5	<p><b>Matters Arising from the minutes of the last meeting</b></p> <p>In the minutes of the last meeting it was noted that the CCG is awaiting a response following a request for support from NHS England Intensive Support Team. Lesley Tiffen updated the Committee that this request will be followed up by Dr Ian Leonard on behalf of the CCG.</p>
5.1	<p><b>Action Sheet and Receipt of Updates</b></p> <p>The action sheet was reviewed and updated.</p>
6	<p><b>Performance dashboard and reinvestment of contract sanctions proposals</b></p> <p>N Walmsley presented a summary of contract sanctions for Blackpool Teaching Hospitals NHS FT up to September 2015 along with the proposals for reinvestment which have been developed by the responsible Commissioning or Quality lead for each indicator.</p> <p>The Committee is asked to approve the proposals for reinvestment of sanctions associated with operational standards, it was noted that the reinvestment of sanctions associated with the non-achievement of quality standards were approved by the December 2015 meeting of the Quality, Information Governance and Clinical Effectiveness Committee.</p> <p><b>RESOLVED:</b> <b>That the Committee approve the proposals regarding the reinvestment of contract sanctions as at September 2015</b></p> <p>N Walmsley highlighted performance areas of concern which the Committee is responsible for</p> <p><u>Cancer 31 day wait – subsequent treatment -</u> In the month of October 2015 and for the year to date the CCG is achieving the target. However Lancashire Teaching Hospitals NHS FT did not achieve the target with a performance of 89.9%. The Committee were informed that LTH NHS FT has a recovery plan in place with an end date of December 2015 for achievement.</p> <p><u>62 day Cancer Wait</u> In the month of October 2015 and for the year to date the CCG did achieved the target. However for October 2015 LTH NHS FT did not achieve the target with performance of 82.5% against a target of 85%.</p> <p><u>Cancer 31 Day Wait – Subsequent Treatment</u> In October 2015 the CCG marginally did not achieve the 31 day cancer target for subsequent treatment (surgery) with performance of 93.8% against a target of 94%. There was one breach of the target at LTH NHS FT. The Committee were informed that a copy of the LTH NHS FT improvement plan for cancer has been received by the CCG and the Trust will be monitored against this plan to achieve compliance of 8 key priorities.</p> <p><u>Cancer Two Week Waits – patients seen within 2 weeks for an urgent referral for breast symptoms</u> Year to date the CCG is not achieving the target with performance of 91.6%. At Blackpool Teaching Hospitals NHS FT there were three breaches of the target due to patients rearranging their appointment. As previously brought to the attention of the Committee this issue occurs because patient appointments are routinely booked very close to day 14 then should the patient be unable to attend this causes a breach in the target.</p> <p>BTH NHS FT has a cancer improvement plan in place and the CCG has asked the Trust to confirm the timescales for implementing timed pathways for each tumour site. It is anticipated that the implementation of timed pathways will reduce the number of patient rearranges outside of 2 weeks and will also improve performance.</p>

	<p><u>NWAS Targets – 75% of Category A calls to be responded to within 8 minutes</u>  Red 1 actual performance has increased locally in month 7 with performance of 59.02% when compared to month 6. Performance across Lancashire has decreased in month when compared to month 6.  Red 2 actual performance has decreased locally in month 7 with performance of 58.53% when compared to month 6. Performance across Lancashire has also decreased in month when compared to month 6.  The target for all category A call is that 95% should be responded to within 19 minutes. For month 7 the CCG performance was 91.12% and 93.47% for Lancashire. This is an increase for both the CCG and Lancashire when compared to the previous month.  Across the Fylde Coast and the North West winter pressures have impacted on A&amp;E and NWAS performance. NWAS have been asked for an improvement plan by the host commissioner; NHS Blackpool CCG and a formal performance notice was issued to NWAS on 8 January 2016.</p> <p><u>Improving access to psychological therapies (IAPT) recovery</u>  Performance for Fylde and Wyre CCG has decreased by 0.4% in month 7 when compared to the previous month. The three GP practices have been able to submit their data to the HSCIC. Other actions identified to improve performance cannot be progressed at the moment due to other significant pressures as Lancashire Care Foundation Trust is currently on silver command.</p> <p><u>Estimated diagnosis rate for people with dementia</u>  Performance has improved in month 7 by 0.6% to 62%. The CCG have identified further actions to improve performance and as previously mentioned have requested support from the intensive support team. The Governing Body meeting in January 2016 will also discuss the MAS in an attempt to encourage GP practices to increase referrals where appropriate. Following the release of national data, further analysis regarding the feasibility of being able to achieve the target is to be undertaken.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• The Committee received the report.</li> <li>• The Committee note the current performance position and the position against those indicators for which the committee has overall responsibility.</li> </ul>
<p>7 7.1</p> <p>7.2</p> <p>7.2.1</p>	<p><b>Programme Management Office (PMO)</b>  <b>Dashboard</b>  P Hulme presented the updated programme dashboard for the period 14 December 2015 to 1<sup>st</sup> January 2016.</p> <p>There are currently 8 projects RAG rated as green, 14 as amber and 1 as red. The diabetes service review (RAG red) – The MDT foot clinic business case has been received and is presented to the Committee for agreement of the clinical model and advice on the future direction of the proposal.</p> <p><b>Resolved:</b>  That the Committee note the overall health of the projects in line with the key principles of the project and overall RAG rating by project in line with the comments assured by the PMO.</p> <p><b>Gateway Documents for Sign-off</b>  P Hulme informed the Committee that a Commissioning Intention Prioritisation Event was held in December 2015 and the prioritised schemes will be presented to the Governing Body for approval in February 2016. Four proposals are presented to the Committee with a request to review and approve these as part of the 2015/16 Annual Commissioning Plan.</p> <p><b>Paediatric Community LD Team – business case</b> (noted as item 7.2.2 on the agenda)  L Tiffen presented the business case for the Paediatric Community LD Team project. It is proposed that a Fylde and Wyre Children’s Learning Disability Service is developed as part of the existing local Child and Adolescent Mental Health Service (CAMHS) to address the gap which has been identified as being</p>

specialist support for children and young people with moderate to severe learning disabilities who have mental health issues and/or challenging behaviour.

The locally commissioned CAMH service provides support and intervention to those with a mild learning disability but currently lacks the specialist skills and expertise to provide assessment and interventions to those with moderate, severe and profound learning disabilities. Currently, where these children and young people require support the provision is secured from the Lancashire Care Foundation Trust on a case by case basis through the Individual Patient Assessment process.

It is proposed that a Fylde and Wyre Children's Learning Disability Service would be co-located with the Fylde and Wyre CAMHS team as experience has shown that the CAMHS teams' confidence to work with children with disabilities is improved through co-location and new joint working opportunities can be developed. The proposed service would cost £200,000 per annum.

#### RESOLVED

That the Committee:

- Reviewed and approved the recommended option (option 1)
- Approved the recurrent funding of £200k per annum
- Agreed to the development of the proposed service in line with NICE guidance
- Agreed to proceed with development of the service specification.

#### 7.2.2 **Early Intervention in Psychosis – business case** (noted as item 7.2.6 on the agenda)

L Tiffen presented the Early Intervention in Psychosis business case to address a target which comes into effect from April 2016 which requires that more than 50% of people experiencing a first episode of psychosis commence treatment with a NICE approved care package within two weeks of referral. The eligibility criteria for provision will also change to be an ageless service and include patients with a duration of untreated psychosis longer than three years and those with an at risk mental state.

The CCG already commissions Lancashire Care Foundation Trust to provide a specialist Early Intervention Psychosis along with the other Lancashire CCGs and it is felt that the Provider is in a good preparatory position to enable them to meet the required targets from April 2016.

National prevalence data has been used to establish local need which has been used to calculate the expected incidence rate of a first episode of psychosis in Lancashire.

#### RESOLVED

That the Committee:

- Approved the provider business case for the proposed changes to the Early Intervention in Psychosis service
- Approve funding of £91,465 for year 1
- Support recurrent funding of £121,681 from 2017/18 onwards subject to review of local performance against the standard.

#### 7.2.3 **Expansion of the MSK service - business case and service specification** (noted as item 7.2.1 on the agenda)

K Rimmer re-presented the business case and service specification for the expansion of the MSK service. This had previously been presented at the December 2015 Committee meeting when further information and clarification was requested on a number of issues.

K Rimmer advised that discussions have been held with the MSK service to clarify whether it is clinically appropriate for all patients to be seen within two weeks. The consensus of opinion is that there would be no detriment to the patient to wait four weeks for a first appointment this is because some MSK conditions do

spontaneously resolve within 2-3 weeks and do not require further treatment.

At the December 2015 meeting the Committee requested that year 2 costs should be included within option 2, which is to reduce the waiting time to two weeks, in order to reflect reduced cost of service provision following clearance of waiting list backlog. As this is no longer the preferred option this has not been costed. The MSK service has confirmed that a 12 month contract would not be feasible as this would present difficulties in the recruitment of additional staff required to expand the service. A 3 year contract is the preferred option to mitigate the staffing risk.

The Committee previously requested clarification whether the assumption regarding 1032 patients previously seen in the Trauma and Orthopaedic service and discharged after a first outpatient includes those seen within a fracture clinic. K Rimmer advised that the 1032 patients do not include fracture clinic activity and only those who have been referred to the T&O service via a GP referral directly into secondary care.

In respect of the referral and pathway K Rimmer clarified that the total pathway length will be 4 weeks plus 5 days, including triage. The patient should leave their GP practice with an instruction to call the MSK service within five working days. It was also confirmed that patients registered with a GP surgery in Thornton, Over Wyre Medical Centre and Fleetwood are able to attend Great Eccleston practice for physiotherapy appointments. However, the MSK service is currently reviewing this location with a recommendation to cease physiotherapy appointments at this site.

The Committee were advised that the proposal for year 1 is for the service to continue to be provided as a block contract. During year 1 negotiation will take place with the provider to move to a cost per case basis in year 2.

#### RESOLVED

That the Committee:

- Approve the service specification for the expanded MSK service with the caveat that the key performance indicators for the service are reviewed.
- Approve the recommended and preferred option (3) on the basis that this is considered to be the most clinically appropriate pathway and waiting time.
- Approve the associated investment required in the service of £140,945 with net additional investment of £8,849 recurrently.

*Mike Banks, John Gaskins and Amanda Lomas joined the meeting*

7.2.4

#### **Diabetes Foot MDT – business case** (noted as item 7.2.3 on the agenda)

P Smith presented the business case and outlined the proposed clinical model for a Diabetes Foot Care Service and the associated investment required to deliver the clinical model. The Committee were advised that the business case is a work in progress however it is vital to obtain feedback on how to move the project forward. The issue of formal Executive/Board level support from Blackpool Teaching Hospitals NHS FT is outstanding as is a full breakdown of the costs associated with the delivery of the proposed clinical model.

P Smith advised that investment required by the CCG would be approximately £400,000 per annum. This would be a permanent service locally but this would be provided by Blackpool Teaching Hospitals NHS FT in future years. The Fylde Coast is recognised as having the highest amputation rate in the country, this service will help to prevent amputations. A large portion of the service could be delivered in a community setting but would presently need to be managed by specialist care.

Peter Tinson suggested benchmarking the proposed service against other areas to ensure value for money.

The Committee are requested to communicate any further guidance and feedback on the project direction outside of the meeting the P Smith. The financial model of the Business Case is to be discussed further at the February 2016 Committee meeting

#### RESOLVED

That the Committee:

- Approved the proposed clinical model.
- Do not approve the current financial model and requested a benchmarking exercise be undertaken to ensure value for money.

7.2.5

#### **Community IV Therapy – service evaluation** (noted as item 7.2.4 on the agenda)

R Smyth and W Smith presented a review of the Community IV antibiotic service currently in operation across the Fylde Coast for both Fylde and Wyre CCG and Blackpool CCG and options for maximising the efficiency of the service.

The Committee were advised of concerns regarding the under-utilisation of the current service and were presented with options for the future service.

The Committee were asked to approve the recommended option to retain the current capacity and remit of the service and continue to promote the service to the GPs and throughout the hospital and ensure the capacity is fully utilised.

The Committee felt that further consideration should be given to the range of options at this stage. The Committee were able to confirm their support for a nurse led community model of provision as the model of choice but did not feel able to make a decision regarding the presented options at this point in time.

#### RESOLVED

That the Committee:

Deferred a decision on the options presented

Confirmed their support of a community based nurse led IV provision as the model of choice and agreed that the commissioning and finance teams should consider the most appropriate commissioning option for such a provision.

*Dr Johnson left the meeting*

7.2.6

#### **Neighbourhood Care Teams – business case** (noted as item 7.2.5 on the agenda)

S Camplin presented a summary of the Neighbourhood Care Teams business case. This brings to a conclusion the design phase of both the Integrated Neighbourhood Team and the Enhanced Primary Care projects. These two groups are interlinked and meet jointly and have now become the Neighbourhood Care Team.

The Neighbourhood Care Team structure was presented and it is proposed to consist of a CORE team, a Neighbourhood Community Team, a Primary Care Team element and a Neighbourhood Specialist Team. The structures will be as flat as possible containing as few types' of roles as possible. There will be an emphasis on the multi-skilled element of the roles, maximising flexibility in service delivery.

The Committee are asked to approve the introduction of all components of the Neighbourhood Care Team:

- The Integrated Neighbourhood CORE team
- The Neighbourhood Community team
- The GP support element to the Integrated Neighbourhood CORE team
- The GP Quality Contract
- The Neighbourhood Specialist Team

	<p>S Camplin advised that this business case will form part of the submission to the Vanguard team on 8<sup>th</sup> February 2016. The gross costs have been calculated and modelling beyond 2016/17 has been undertaken. If approved by the Committee implementation planning will commence subject to the receipt of Vanguard monies, a decision on the submission is expected mid-March 2016</p> <p><b>RESOLVED</b> That the Committee:</p> <ul style="list-style-type: none"> <li>• Approve the recommended option (3) to introduce all components of the Neighbourhood Care Team.</li> <li>• Approve the capacity, cost and savings assumptions presented.</li> <li>• Agree to commence implementation.</li> </ul> <p><i>Dr R Smyth left the meeting</i></p>
8	<p><b>Falls Lifting Service – New Progress Housing Evaluation</b> W Roberts presented a review of the New Progress Housing lifting service.</p> <p>The service pilot scheme was established in 2013 to help relieve pressure on North West Ambulance Services, reduce A&amp;E attendances and as a hospital avoidance admission scheme. The service is available to approximately 4,000 people across Fylde and Wyre who are part of the Lifeline pendant scheme.</p> <p>The aim of the service is to provide assistance to Progress Lifeline clients who have fallen and alerted the service through the activation of their Progress Lifeline pendant. The service will attend the client's home, assess their condition and if there is no apparent injury they will assist in lifting the client.</p> <p>The service has reduced NWS responses by 889 between June 2013 to September 2015, this amounts to an estimated saving of £177,800 during the same period. An estimated saving of £106,600 has been calculated from conveyances to A&amp;E that have been prevented by use of the service.</p> <p>The Committee are requested to fund the service recurrently enabling it to become an integral part of the new falls service pathway which is due to commence in April 2016.</p> <p><b>Resolved</b> That the Committee:</p> <ul style="list-style-type: none"> <li>• Approve the direction of the project</li> <li>• Approve the funding of the service on a recurrent basis</li> </ul> <p><i>W Roberts left the meeting</i></p>
9	<p><b>2016/17 Planning Guidance</b> P Hulme presented the recently received NHS Planning Guidance 2016/17 to 2020/21.</p> <p>The Committee were advised that the guidance received requires the CCG to produce two separate but connected plans. A 5 year Sustainability and Transformation Plan (STP) and a 1 year operational plan for 2016/17. Significant central monies are attached to the process with the most compelling and credible STPs securing additional funding from April 2017.</p> <p>The CCG is required to consider the geographic scope of their STP and engage with Local Authorities by 29 January 2016 for national agreement with the first submission of full draft 2016/17 operational plans by 8 February 2016.</p>
10 10.1 10.2 10.3	<p><b>Minutes to be received:</b> Collaborative Commissioning Board – 10.11.2015 Network of Lancashire Clinical Commissioning Groups – 26.11.2015 Systems Resilience Group – 12.11.2015</p> <p><b>Resolved:</b> The Committee received the minutes and the contents were noted.</p>

11	<b>Items to forward</b>
11.1	Items for the next meeting, 2 February 2016 No items
11.2	Items to be considered by the Governing Body, 22 March 2016 No items
11.3	Items to be considered by the Council of Members, 16 February 2015 No items
12	<b>Any other business</b> No items
12.1	<b>2016/17 Committee Meeting Dates</b> <b>RESOLVED:</b> That the Committee approved the 2016/17 meeting dates for the Clinical Commissioning Committee.
13	<b>Date and time of next meeting:</b> Tuesday 2 February 2016 at 1.00pm in the CCG Boardroom, Wesham offices



Clinical Commissioning Committee Meeting
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Tuesday 2<sup>nd</sup> February 2016

CCG Boardroom, Wesham

**MINUTES**

**Present:**

Dr Peter Benett	Elected Clinical Lead	F&W CCG
Dr V G Chandrasekar	Elected Clinical Lead	F&W CCG
Dr Kath Greenwood	Elected Clinical Lead	F&W CCG
Dr Felicity Guest	Elected Clinical Lead	F&W CCG
Andrew Harrison	Chief Finance Officer	F&W CCG
Dr Adam Janjua	Vice Chair	F&W CCG
Dr Tony Naughton (Chair)	Clinical Chief Officer	F&W CCG
Dr Jacky Panesar	Elected Clinical Lead	F&W CCG
Dr Jimmy Reid	Elected Clinical Lead	F&W CCG
Dr Ian Stewart	Secondary Care Doctor	F&W CCG
Peter Tinson	Chief Operating Officer	F&W CCG

**In Attendance:**

Pippa Hulme	Senior Commissioning Manager	F&W CCG
Peter Kelly	Head of Information Technology	F&W CCG
Amanda Lomas	Commissioning Officer	F&W CCG
Jill Moores	Minutes	F&W CCG
Will Roberts	Commissioning Support Officer	F&W CCG
Pete Smith (to item 8)	Commissioning Manager	F&W CCG
Dr Rob Smyth	Clinical Lead	F&W CCG
Liz Squires (item 10)	Senior Audit Manager	Mersey Internal Audit Agency (MIAA)
Tracy Whitfield	Commissioning Support Officer	F&W CCG
Nicola Walmsley	Senior Commissioning Manager	F&W CCG

No	Item
1	<p><b>Apologies for Absence</b></p> <p>Apologies for absence were received from Jennifer Aldridge, Dr Zakyeya Atcha, Sarah Camplin, Dr Simon Ellwood, Dr Tom Johnson</p>
2	<p><b>Any Other Matters of Urgent Business</b></p> <p>There were no matters of urgent business.</p>
3	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>

4	<p><b>Minutes of the last meeting of the Clinical Commissioning Committee held on 12 January 2016</b> The minutes of the last meeting were agreed to be an accurate record with the following amendments: Present - Ian Stewart - Secondary Care Doctor</p>
5	<p><b>Matters Arising</b> There were no matters arising.</p>
5.1	<p><b>Action Sheet and Receipt of Updates</b> The action sheet was reviewed and updated.</p>
6	<p><b>Performance Dashboard – month 8, November 2015</b> N Walmsley highlighted performance areas of concern which the Committee is responsible for.</p> <p><u>62 day Cancer Wait</u> In the month of November 2015 the CCG did not achieve the 62 day cancer wait target with performance of 62.5% against a target of 90%. Year to date the CCG is achieving the target with performance of 94.3% against a target of 90%.</p> <p><u>Cancer Two Week Waits – patients seen within 2 weeks for an urgent referral for breast symptoms</u> In the month of November 2015 the CCG achieved the target with performance of 100%. Year to date, the CCG is marginally not achieving the target with performance of 92.8% against a target of 93%. As a result of actions within the Cancer Improvement Plan and previous requests from the CCG it was reported that Blackpool Teaching Hospitals NHS Foundation Trust (BTH NHS FT) are now arranging more patient appointments within 0-7 days.</p> <p><u>North West Ambulance Service (NWS) Targets</u> Red 1 actual performance in month 8 showed a decrease locally for Fylde and Wyre but an increase for Lancashire with performance of 58.82% for the CCG and 73.08% for Lancashire. Red 2 actual performance in month 8 showed an increase locally for Fylde and Wyre but a decrease for Lancashire with performance of 61% for the CCG and 68.97% for Lancashire. Performance against the target for 95% of category A calls to be responded to within 19 minutes in month 8 was 93.99% for the CCG and 91.05% for Lancashire. This is an increase for the CCG and a decrease for Lancashire when compared to the previous month. It was noted that across both the Fylde Coast and North West England Winter pressures have impacted on A&amp;E and NWS performance. As reported at the January 2016 meeting the Provider has been issued with a formal contract performance notice. The lead commissioner has recently met with NWS to discuss the performance notice however no feedback has yet been received. An update will be provided at the March 2016 meeting.</p> <p><u>Ambulance Handovers</u> For BTH NHS FT in the month of November 2016 91.87% of ambulance handovers were completed within the target, this equates to a 3.48% reduction in performance when compared to the previous month. For Lancashire Teaching Hospitals NHS Foundation Trust (LTH NHS FT) in the month of November 2016 85.54% of ambulance handovers were completed within the target, this equates to a 1.67% reduction in performance when compared to the previous month.</p> <p><u>Improving access to psychological therapies (IAPT) recovery</u> Performance in month 8 for Fylde and Wyre CCG has dropped by 6.5% when compared to the previous month. Such a significant drop in performance was not expected as previous actions taken by Lancashire Care NHS Foundation Trust (LCFT NHS FT) suggested that performance was set to increase towards the end of quarter 3. This reduction in performance will be raised at the next contract meeting.</p> <p><u>Improving access to psychological therapies (IAPT) access</u> Performance in month 8 for Fylde and Wyre CCG has increased by 0.1% from 1.3% in October 2015 to</p>

	<p>1.4% in November 2015.</p> <p><u>Estimated diagnosis rate for people with dementia</u></p> <p>Performance has improved in month 8 by 0.5% to 62.5%. The business case to increase capacity within the memory assessment service was approved at the November 2015 Committee meeting and the Provider is in the process of implementing actions in order to maximise diagnosis rates.</p> <p>The CCG is holding a dementia post diagnostic support workshop in February 2016 for GPs, the workshop will bring together all commissioned services and voluntary organisations who provide post diagnostic support for dementia. The aim is to educate GPs on the services available and discuss how to improve local services.</p> <p>It was noted that no response has been received to the CCG request for support to the NHS England Intensive Support Team. P Hulme has flagged this as an issue with NHS England.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>• The Committee received the report.</li> <li>• The Committee note the current performance position and the position against those indicators for which the committee has overall responsibility.</li> </ul>
<p>7 7.1</p> <p>7.2 7.2.1</p>	<p><b>Programme Management Office Dashboard</b></p> <p>P Hulme informed the Committee that the PMO office is currently supporting transition of new models of care programmes into the internal established reporting structures.</p> <p>The PMO achievements for the period 4<sup>th</sup> January 2016 to 22<sup>nd</sup> January 2016 noted were the successful closure of the ophthalmology project, the delivery of stroke 6 month follow up reviews which commenced in January 2016 and the completion of the service evaluations for the Chloe Care Unscheduled Care Hospital to Home Transport Service and the British Red Cross A&amp;E Assisted Discharge Service.</p> <p>There are currently 22 live projects with 11 RAG rated as green, 10 as amber and 1 as red.</p> <p>The diabetes service review remains RAG rated as red as additional clarity in relation to Executive level support and further financial breakdown from BTH NHS FT remains outstanding.</p> <p>The Pain Management Review is RAG rated amber as capacity restriction and holidays have delayed the outcome analysis from a workshop held in December 2015. An extension to the review was granted by the Executive Management Team and it is now expected to be brought to the March 2016 Committee meeting.</p> <p>The New Models of Care programme plans are RAG rated as amber and are currently under review as they move from the design to delivery phase. Risks around the Episodic Team capacity were noted as it was reported there is currently minimal project resource to deliver the programme at pace. P Tinson informed that the Executive Management Team are to discuss the reshaping of support for the 3 models and the CCG may need to look at resources outside of the CCG to work with BTH NHS FT and GP practices.</p> <p><b>Gateway Documents for sign-off</b></p> <p><b>British Red Cross A&amp;E Assisted Discharge Service (noted as item 7.2.2 on the agenda)</b></p> <p>T Whitfield and A Lomas presented the evaluation of the British Red Cross A&amp;E Assisted Discharge Service.</p> <p>The service assists with hospital discharges and prevents unnecessary hospital admissions and stays for patients who have attended A&amp;E by assisting those who have no further medical need but live alone or have no support at home. The service is available between 11:00 and 19:00 five days per week.</p> <p>The contract is hosted by Blackpool CCG with Fylde and Wyre CCG being an associate. The contract is</p>

	<p>funded non-recurrently on an annual basis at a cost of £38,000 p/a per CCG.</p> <p>Several Board members felt that a 5 day service is a limitation and to extend later into the evening or operate over a greater number of days would be favourable. It was also suggested that work should be carried out to look at how this service could integrate with the Neighbourhood Care Teams. A Harrison suggested an evaluation of what is currently available in the market before looking to fund on a recurrent basis.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the Committee considered the service evaluation.</li> <li>• That the Committee agreed to support the investment of £38,000 to fund the service for 12 months subject to the approval of the proposal within the pipeline prioritisation process for 2016/17 and ratification through the Finance and Performance Committee.</li> <li>• Options to extend the operating hours of the service should be reviewed alongside how the service links to the Integrated Care Co-ordinators, falls services and overall hospital to home services.</li> </ul> <p><b>Chloe Care Unscheduled Care Hospital to Home Transport Service – Service Evaluation (noted as item 7.2.1 on the agenda)</b></p> <p>7.2.2 W Roberts and A Lomas presented the evaluation of the Chloe Care Unscheduled Care Hospitals to Home Transport service. The Committee were informed that the contract for the service is hosted by Fylde and Wyre CCG with Blackpool CCG being an associate. The annual cost of the service is £70,000 to each CCG. Blackpool CCG has chosen to decommission the service as of 1<sup>st</sup> April 2016.</p> <p>Options considered by the Committee are to decommission the service, to continue to commission the service whilst monitoring or to commission for six months and scope an alternative.</p> <p>A Lomas informed that from 1<sup>st</sup> April 2016 changes to the NWS PTS will come into effect and the PTS service will run for an extra two hours per day. The impact of not having the Chloe Care service in place would mean in some cases patients would need to find their own way home or be admitted to an acute medical bed.</p> <p>A Harrison informed of concerns regarding value for money in terms of unit of activity when compared to other alternatives.</p> <p>P Smith informed that where the decision to provide patient transport services falls to BTH NHS FT and thereby incurring additional cost the Trust may forecast additional funding for transport in the following years contract.</p> <p>P Tinson suggested that the Executive Management Team considers options for the service including those services available outside of the NWS PTS provision.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• That the Committee felt there was insufficient information to make a decision at this time.</li> <li>• That the Committee asked the Executive Management Team to gather additional data, consider options and agree the recommended direction of the service.</li> </ul>
<p>8</p>	<p><b>Diabetes Foot MDT – supplementary information</b></p> <p>P Smith provided the Committee with an update on the Diabetes Foot MDT business case following discussions at the previous meeting. Two main issues remain outstanding; these are the formal Executive level support for the service from BTH NHS FT along with a full breakdown of costs associated with the delivery of the proposed clinical model.</p>

	<p>As requested at the previous meeting P Smith undertook a desktop exercise of benchmarking the proposed service against other areas. The service was reviewed against six other services using publicly available data, 50% of the services were hospital based and the other 50% were community based. Only one service had details of the existing level of investment available and it was reported that the service proposed by BTH was not out of sync with this service.</p> <p>P Tinson advised that the business case proposal should be considered via the pipeline process and a discussion with Blackpool CCG and BTH regarding intentions would be beneficial.</p> <p>P Smith will continue to report the progress of the project via the PMO and the business case proposal will be presented to the Committee when the outstanding actions have been completed.</p> <p><i>P Smith left the meeting</i></p>
9	<p><b>Stroke / TIA update</b></p> <p>P Tinson presented the stroke / TIA report to the Committee to provide an update on phase 3 of the stroke review programme for information. The paper confirms that the Provider has been asked to develop a proposal for an acute pathway by April 2016 for the programme board to consider. Also proposed is a change to the national best practice tariff approach, this will be a phased approach and will result in a financial pressure for the CCG. Further information will be available following the April 2016 Collaborative Commissioning Board.</p> <p>P Tinson advised that the Clinical Leads for the Healthier Lancashire programme areas are in the process of being arranged, posts will be advertised and expressions of interest sought.</p>
10	<p><b>Clinical Commissioning Committee Effectiveness Survey</b></p> <p>L Squires attended the meeting to provide feedback on the Clinical Commissioning Committee effectiveness survey. The survey was instigated to identify ways the Committee could work more effectively. L Squires reported the survey results were positive overall with a response rate of 53% and a table of responses is to be compiled including areas that were more favourable than others. The Committee were advised they may wish to review the membership of the Committee as the survey revealed that 41% of members do not attend all meetings. L Squires also advised that the membership understanding of its roles and responsibilities when compared to the terms of reference may need greater clarification and suggested a development session is arranged.</p> <p>P Tinson advised that as collaborative working across the Fylde Coast increases the agenda of the Committee will reflect this work, there is a need to ensure that the Committee does not solely receive information for assurance and a level of clinical debate continues.</p> <p><b>RESOLVED:</b> That the Committee considered the outcomes of the review and will incorporate the finding into the organisation development plan.</p>
11	<p><b>Planning Guidance update</b></p> <p>P Hulme informed the Committee of a Governing Body development session on 9<sup>th</sup> February 2016 which will provide an overview and review of the context of the NHS England planning guidance received. The session will include discussion on how to split resources, Neighbourhood team and New Models of Care arrangements and the operational plan submission.</p> <p>P Hulme advised that the Quality Premium Guidance has not yet been received and clinical guidance will be promptly sought upon receipt.</p>
12 12.1	<p><b>Minutes to be received:</b> Collaborative Commissioning Board – 1.12.2015</p>

12.2	Network of Lancashire Clinical Commissioning Groups – 17.12.2015
12.3	Systems Resilience Group – 10.12.2015
12.4	Fylde Coast Commissioning Advisory Board – 17.12.2015 <b>Resolved:</b> The Committee received the minutes and the contents were noted.
13	<b>Items to forward</b>
13.1	Items for the next meeting, 1 March 2016 No items
13.2	Items to be considered by the Governing Body, 22 March 2016 No items
13.3	Items to be considered by the Council of Members, 15 March 2016 No items
14	<b>Any other business</b> <b>Regenda Social Prescribing Model</b> P Tinson tabled a proposal received via the Fleetwood Neighbourhood to work with Regenda to deliver a social prescribing model in Fleetwood. The model describes a self-care and management framework focussing on challenging habits such as exercise, smoking and health eating. Additional community engagement campaigns will help increase patient flow into surgeries for priority health conditions such as dementia. The proposal requires an investment of £100,000 and would realise savings of £51,704 per annum. <b>RESOLVED:</b> That the Committee felt this proposal overlaps with the work of the Integrated Neighbourhood Teams and Episodic Care. A Janjua and R Smyth agreed to feedback to the Fleetwood Neighbourhood.
14.1	<b>2016/17 Committee Meeting Dates (final)</b> <b>RESOLVED:</b> That the Committee noted the 2016/17 meeting dates for the Clinical Commissioning Committee.
15	<b>Date and time of next meeting:</b> Tuesday 1 March 2016 at 1.00pm in the CCG Boardroom, Wesham offices