

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

**MINUTES TO BE RECEIVED**

<b>Title of Meeting</b>	<b>LANCASHIRE CLINICAL COMMISSIONING GROUP NETWORK</b>
<b>Date of Meeting</b>	<b>17/12/2015 &amp; 28/01/2016</b>
<b>Status (ratified/draft)</b>	<b>RATIFIED</b>
<b>CCG Representatives</b>	Dr Tony Naughton Mr Peter Tinson

**Summary of key issues discussed:**

**17 December 2015:** Proposals for a combined Local Authority across Lancashire were presented. The discussion considered what health would want from a combined authority and what health could offer.

**28 January 2016:** The Network received a presentation on the results of a review of the Memorandum of Understanding between LCC Public Health and Lancashire CCGs. The discussion concluded that there were some major opportunities to reinvent and reframe the role of the public health function in improving population health.

A discussion took place on the development of a sustainability and transformation plan (STP) for Lancashire.

**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.**

***Dr Tony Naughton***  
***Chief Clinical Officer***



## Lancashire CCGs Network Minutes

**Thursday, 17 December 2015, Meeting room 231, Preston Business Centre, Watling Street Road, Fulwood, Preston, PR2 8DY at 9.30 am**

### **Present**

Mr Andrew Bennett, Lancashire North CCG  
 Mr David Bonson, Blackpool CCG  
 Dr Chris Clayton, Blackburn with Darwen CCG (Chair)  
 Dr Amanda Doyle, Blackpool CCG  
 Dr Alex Gaw, Lancashire North CCG  
 Dr Michael Ions, East Lancashire CCG  
 Mrs Karen Sharrocks, Chorley and South Ribble and Greater Preston CCGs  
 Mr Mike Maguire, West Lancashire CCG  
 Mrs Debbie Nixon, Blackburn with Darwen CCG  
 Dr Tony Naughton, Fylde & Wyre CCG  
 Mr Peter Tinson, Fylde and Wyre CCG (Vice Chair)

### **In Attendance**

Mr Carl Ashworth, Strategic Locality Lead, Fylde and Wyre CCG, Senior Executive - Transformation  
 Mr Paul Kingan, Chief Finance Officer West Lancashire CCG  
 Mrs Linda Riley, Director of Delivery, Midlands and Lancashire CSU  
 Mrs Jill Truby, Lancashire CCGs Network  
 Mr Harry Catherall, Blackburn with Darwen Council  
 Dr Sakthi Karanunthi, County Council

1	<p><b>Welcome, apologies and declarations of interest</b>          Dr Clayton opened the meeting and welcomed everyone. Apologies for absence were received from Dr Bangi, Dr Patel, Dr Caine and Mrs Ledward. There were no declarations of interests.</p>
2	<p><b>Local Authorities – Combined Local Authority</b>          Mr Harry Catherall, CEO Blackburn with Darwen Council and Dr Sakthi Karunanithi, Director of Public Health and Wellbeing, Lancashire County Council were in attendance to discuss the proposed combined local authority. Dr Clayton asked that the following be considered during discussion:</p> <p>What health would want from a Lancashire combined authority</p> <ul style="list-style-type: none"> <li>• Lancashire identity and leadership for change</li> <li>• Public sector efficiencies, releasing investment for Lancashire</li> <li>• Clarity on investment in social care</li> <li>• Standardised social care offer</li> <li>• Health prevention strategy</li> <li>• Standardised PH support</li> <li>• Buy in from local politicians to impact of health system changes</li> </ul> <p>What health can offer the Lancashire combined authority</p> <ul style="list-style-type: none"> <li>• More efficient NHS, greater levels of integrated out of hospital care</li> </ul>

- Shared briefing on health and social care funding
- Lancashire whole programme of reform focussed on four communities – integrated care models
- Inward investment in Lancashire to make significant difference to Lancashire population
- Improved health delivering economic growth and development
- Partnership with Unis, research, business
- Sort out duplication between acute providers

Mr Catherall opened discussion by providing background information on the formation of a Lancashire Combined Local Authority. 15 councils are looking to combine together, Lancashire County, 12 borough councils, and the two unitary councils of Blackpool and Blackburn with Darwen on key initiatives. Wyre council was the only authority not proceeding. Mr Catherall explained that individual councils would still have their own autonomy but it would mean that they would work together on bigger strategic issues such as economic development and Health and Social care. Currently a scheme of governance and constitution is being presented to authorities for approval. A public consultation process will take place in the new year. It is hoped that this will see all public sectors working together with the aim of making Lancashire a better place to live and work.

Conversations were taking place to explore the current footprints of the Health and Wellbeing Boards and reviewing areas where they could work together.

There was agreement that there was a need to demonstrate to the Government how much we can do, but also a need to demonstrate it has to be better than the alternative.

In relation to Wyre, Mr Catherall confirmed that the door remains open to engage Wyre and to give them an opportunity to join. If during the public consultation the community says 'yes', then the council may have to reconsider its position.

Dr Clayton conveyed congratulations on what has been achieved in such a short time and thanked both Mr Catherall and Dr Karanuthi for their attendance.

3	<p><b>Minutes of Network meeting held 26 November 2015</b> The minutes of the meeting held on 26 November 2015 were agreed as an accurate record.</p>
4	<p><b>Matters arising and action sheet</b> Dr Clayton sought and obtained confirmation that the actions from the previous meeting were either complete or in hand. Public Health governance – Public Health Directors to be invited to attend the January meeting to support discussion.</p>
6	<p><b>Minutes from other meetings</b> The draft minutes from the CCB meeting held on 1 December 2015 were noted for information.</p>
7	<p><b>Any other business</b> <b>Outcome of respiratory clinical network proposal</b> Dr Clayton updated members on the feedback from the consultation around the proposal to set up a Lancashire Clinical Respiratory Network. Following discussion it was suggested that this could be best placed under the Healthier Lancashire work programme for taking forward.</p> <p><b>Transforming Care</b> Dr Ions agreed to take forward the issue of LCC discharging patients with Learning Disabilities in inpatient beds. Mrs Nixon agreed to share documentation from Blackburn</p>

with Darwen CCG.

**ACTION:** Mrs Nixon to share information from Blackburn with Darwen.

#### **EPRR and Cumbria's recent major incident**

Mr Bennett gave a verbal summary on the recent major incident due to heavy rainfalls up in north Lancashire and Cumbria and the involvement of Lancashire North CCG. Collaboration had taken place between the CCG, NHS England, hospital services, out of hours, GP surgeries, local authorities and other local services. Tasks were able to be divided accordingly. Further information will be shared with CCGs once de-brief is complete.

Access to Morecambe also became difficult due to both bridges being closed.

Mrs Riley reported that she would be meeting with the local authority to understand any gaps in business continuity in nursing and residential homes.

There had also been a knock on effect in other areas such as St Michael's on the Fylde where all lines of communication were down.

#### **EPRR**

A request had been received from Colin Kelsey following the 2015-16 EPRR Assurance process to move this along following the recent heavy rainfalls in the North of the county.

Mrs Nixon shared a document that had jointly been produced between Blackburn with Darwen and East Lancashire CCGs regarding CCGs' responsibilities. Mrs Nixon offered to co-ordinate a similar system on a pan Lancashire basis as there would be benefits in collaborating.

Mrs Riley reported that the CSU was well placed to provide silver command.

Dr Clayton concluded that there was a will to take forward a Lancashire conversation and through the Network will arrange conversations a) with ourselves and then b) NHS England. An officer from South Cumbria CCG would be invited to join the initial conversation.

**ACTION:** Initial conversation with CCGs EPRR leads.

Then arrange a meeting with NHS England and Colin Kelsey.

Mr Bennett to invite an officer from South Cumbria CCG to join initial conversation.



## Lancashire CCGs Network Minutes

**Thursday, 28 January 2016, Meeting room 253, Preston Business Centre, Watling Street Road, Fulwood, Preston, PR2 8DY at 9.00 am**

<b>Present</b>	<p>Mr Andrew Bennett, Lancashire North CCG          Dr Chris Clayton, Blackburn with Darwen CCG (Chair)          Dr Alex Gaw, Lancashire North CCG          Dr Michael Ions, East Lancashire CCG          Mrs Jan Ledward, Chorley and South Ribble CCG and Greater Preston CCG          Mrs Debbie Nixon, Blackburn with Darwen CCG          Dr Tony Naughton, Fylde &amp; Wyre CCG          Dr Dinesh Patel, Greater Preston CCG          Mr Peter Tinson, Fylde and Wyre CCG (Vice Chair)</p>
<b>In Attendance</b>	<p>Mr Carl Ashworth, Strategic Locality Lead, Fylde and Wyre CCG, Senior Executive - Transformation          Mr Iain Crossley, Chorley and South Ribble CCG and Greater Preston CCG          Mr Andrew Harrison, Chief Finance Officer, Fylde &amp; Wyre CCG          Ms Kirsty Hollis, Acting Chief Finance Officer, East Lancashire CCG          Mr Paul Kingan, Chief Finance Officer West Lancashire CCG          Mr Gary Raphael, Chief Finance Officer, Blackpool CCG          Mrs Jill Truby, Lancashire CCGs Network          Mrs Lucinda McArthur, West Lancashire CCG (item 6)          Dr Sakthi Karunanithi, County Council (item 6 onwards)          Mr Jim Bluett Duncan, MIAA (item 6)          Mr Keith Bowman, MIAA (item 6)          Ms Sam Nicol, Healthier Lancashire (item 8)</p>

1	<p><b>Welcome, apologies and declarations of interest</b>          Dr Clayton opened the meeting and welcomed everyone. Apologies for absence were received from Dr Bangi, Dr Doyle, Mr Bonson, Dr Caine, Mr Maguire, Mr Parr, Mr Youlton and Mrs Riley. There were no declarations of interests.</p>
2	<p><b>Minutes of previous meeting held 17 December 2015</b>          The minutes of the meeting held on 17 December 2015 were agreed as an accurate record.</p>
3	<p><b>Matters arising and action sheet</b>          Dr Clayton sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.</p>
4	<p><b>Minutes from other meetings</b>          The draft minutes from the Collaborative Commissioning Board held on 12 January were received for information. Mr Tinson highlighted two areas: stroke and vascular services for noting.</p>

5	<b>Any other business</b>
5.1	Dr Clayton asked members to consider having a joint Healthier Lancashire discussion with the Lancashire Lay Chairs group. Dr Clayton to discuss outside of meeting with Dr Doyle and Ms Nicol.
5.2	Mr Bennett reported back following a recent Chief Executive's group meeting and agreed to circulate documents for information.
6	<p><b>Public Health</b></p> <p>A Memorandum of Understanding (MOU) had been produced to establish a framework for the role local public health may play in the commissioning of primary care services. This approach has been implemented between LCC PH and the Lancashire CCGs excluding Blackpool and Blackburn with Darwen, from April 2015. The scope of the review excludes consideration of the arrangements to establish public health advisory support for Blackpool and Blackburn with Darwen CCGs. It had been agreed between Lancashire County Council and relevant CCGs that in the inaugural year it would be helpful for a mid-year review to be carried out. The paper presented was the result of this review with the objective being to evaluate the arrangements across the footprint of LCC and the six corresponding CCGs. From the programme of work completed, suggested actions for all parties to consider jointly were produced.</p> <p>Mr Jim Bluett-Duncan and Mr Keith Bowman from MIAA gave the presentation and highlighted the main findings and proposed actions as follows:</p> <p>Introduction</p> <ul style="list-style-type: none"> <li>- First draft issued 8 January</li> <li>- Final report issued 15 January</li> </ul> <p>Background</p> <ul style="list-style-type: none"> <li>- Transfer of PH recourse</li> <li>- MoU and Work Plans agreed</li> <li>- Jointly commissioned review to take stock of how the process is working</li> <li>- Interviewed CCG PH leads and accountable officers, LCC PH consultants and PH specialists/management</li> </ul> <p>Issues for further consideration</p> <ul style="list-style-type: none"> <li>- MoU and work plan disciplines</li> <li>- Effectiveness of the current work plan arrangements</li> <li>- Process for agreeing work plans</li> <li>- LCC internal organisational structure and support for CCGs</li> <li>- PH Consultant resource</li> <li>- Integration of PH into CCGs</li> <li>- Infection prevention and control</li> <li>- Core elements of public health support</li> <li>- Impact on CCG objectives and commissioning strategy</li> </ul> <p>Process and organisation</p> <ul style="list-style-type: none"> <li>- Roles and responsibilities of all parties need to be more clearly defined</li> <li>- Strengthen the process for agreeing work plans</li> <li>- Establish clear plans for the level of PH available resource going forward</li> <li>- Consider changes to the LCC PH organisational structure / integration</li> </ul> <p>Operational Enhancements</p> <ul style="list-style-type: none"> <li>- Ensure facilities are available in the CCGs to enable remote working for LCC staff</li> <li>- Review existing arrangements for addressing conflicts of interest</li> <li>- Agree additional areas of work for which a pan-Lancashire approach beneficial</li> <li>- Ensure infection prevention and control staff are deployed efficiently</li> </ul>



Dr Karunanithi stressed that there will be reductions in funding from LCC. However, while the limited resources are challenging, he did feel that there are some major opportunities to reinvent and reframe the role of the public health function in improving population health. Reassessing infection prevention control was one area that was being strengthened with an increase from two to four nurses.

Dr Karunanithi agreed to:

- Bring back the Integrated PH Operating Model for further discussion
- Frame the working arrangements in the context of 5YFV, STOP, Healthier Lancashire, local delivery plans etc.
- Align PH and CSU intelligence functions to provide a unified support to CCGs
- Where possible, align the procurement of public health services across Lancashire
- Progress the alignment of three HWBBs to support the joint sign off of the Lancashire South Cumbria STP.

**7 Developing a Sustainability and Transformation Plan (STP) for Lancashire**

A lengthy discussion took place on the Lancashire STP following a presentation by Ms Nicol at which she highlighted the purpose of the discussion and expected outcomes as follows:

- A common understanding of where are we on the change journey and where we will realistically be by 30<sup>th</sup> June.
- The Lancashire Triangle
- The content of the STP
- The process and timeline
- One Lancashire footprint with five sub-footprints

Several amendments were agreed. Further discussion to take place on the financial principles. Healthier Lancashire team to concentrate on work streams. SN/CA/GR to action. Blackpool agreed to submit on behalf of all Lancashire CCGs.

Next steps

- Make 29 January submission
- Confirm STP Project Team members and plan
- Confirm lead personnel
- Develop information requests
- Set up mobilisation workshop – 2 hours facilitated

As this was Dr Ions last Network meeting Dr Clayton, on behalf of the Network, thanked Dr Ions for his contribution to the Network and wished him a very happy and healthy retirement.