Paper 3

Bury Clinical Commissioning Group

DRAFT Minutes

Governing Body Part 1

Date of meeting:	23rd March 2016	Time:	From	To
			3.00pm	5.00pm
Venue:	Townside Primary Care Centre			

Present:
Dr Kiran Patel, Chair
Mr Stuart North, Chief Officer
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery/ Deputy Chief Officer
Mrs Claire Wilson, Chief Finance Officer
Dr Jeff Schryer, Clinical Director
Mr Howard Hughes, Clinical Director
Mr David McCann, Lay Member, Patient Cabinet Chair
Mr Chris Wild, Lay Member
Ms Karen Richardson, Lay Nurse Member
Dr Wissam El-Jouzi, GP North Sector Lead
Dr Fazel Butt, East Sector Lead
Dr William Simmons, GP South Sector Lead
Dr Cathy Fines, Clinical Director
Catherine Jackson, Executive Nurse
Gerard McDade, Secondary Care Specialist

In attendance:
Mr Gareth Webb, Board Secretary, Bury CCG (Note taker)
Paul Horrocks, External Communications Advisor

Carrie Dearden, Communications Lead, HM&R CCG

Member of the Public:
Barbara Barlow, Chair, Healthwatch Bury

Item No	Agenda Item
1	**Regular items**
1.1	**Chairs Introduction** Dr K Patel welcomed everyone to the meeting.
1.2	**Apologies for absence:** Apologies of absence received from: • Dr Victoria Moyle, Clinical Director • Mr Andrew Clough, Lay Member • Dr Ajay Kotegaonkar, GP West Sector
1.3	**Declarations of Interest** • Declarations of Interest register • Previous Meeting – None • Today's Meeting – Paul Horrocks – Trusteeship of Bury Hospice

1.4	**Minutes of the last meeting** Accepted as an accurate minute
1.5	**Matters arising (Action Log)** <u>Amendments to previous minutes</u> Completed <u>Operational Plan</u> On agenda <u>Provider Alliance</u> Ms O'Dwyer stated discussions have taken place with providers; it is currently at an early stage and more details will be provided at the May Governing Body meeting. **Action: Ms O'Dwyer to Feedback information on the current status of the Provider Alliance at the May 2016 Governing Body meeting.** <u>CQUIN</u> Mrs Jackson has provided a paper to the Quality and Risk Committee the results will be reported back to the Governing Body through papers from meeting (completed). <u>Safeguarding Audit</u> The Safeguarding Audit has been submitted to NHSE (completed). <u>Pharmacists in General Practice</u> The Better Care Funding (BCF) issue has been discussed with colleagues at the Local Authority and will be included in the BCF plans for next year. The BCF plans are to be discussed at the Health and Social Care Partnership Board (HSCPB). If there are any issues this will determine through this Board and brought back to the CCG. <u>Primary Care Co-Commissioning and Memorandum of Understanding</u> Mr North confirmed he had signed the MoU and Delegation Agreement on behalf of the CCG and had submitted the documentation to NHS England (NHSE). (completed)
1.6	**Chief Officers Report** <u>Primary Care Co-Commissioning</u> Mr North reported that following submission and approval of the documentation

describer in the previous matters arising item, the CCG will be operating at a Level 3 Delegation for Primary Care Commissioning as of 1st April 2016.

Ratification of Dr Patel as CCG Chair

Mr North informed the Governing Body that the CCG membership had by a large majority ratified the re-election of Dr Patel as Chair of the CCG for another term of 3 years. The new term will commence from 1st of April 2016.

GM Devolution

Mr North announced that GM devolution would be going live on the 1st of April 2016, with devolved powers for commissioning health and social care for the whole of Greater Manchester with a budget estimated at £6 billion. To initiate Health and Social Care (H&SC) across Manchester a £450 million transformation fund has been allocated over the next 5 years; with £60 million accessible in 16/17. Criteria will be developed to ensure access by the 37 H&SC organisations. Appendix A in document details this and the criteria proposed to be used. The process for access is by application and it is an aspiration that standards in all areas will be improved by the funding and sharing of learning; and processes for ensuring this is to be put in place by GM Devolution Team. This increases the importance of Locality Plans as it will set out our priority areas and what to apply for.

In Appendix B is the Commissioning Strategy which has been developed by the Joint Commissioning Board. The strategy will be the basis from which organisations will commission. The strategy is a draft proposal which will be finalised through stakeholders next 3 months. This is the CCGs first opportunity to provide input into this.

Mr North stated that it is important that the future H&SC system across Greater Manchester (GM) delivers high quality services. An area of particular concern is A&E performance across the whole of GM, but in particular with Pennine Acute Hospitals Trust (PAHT), with a significant number of 12 hour breaches in last 3 months. This is a very poor experience for members of the public waiting to access a bed. This has to be improved urgently and a key focus going forward. Mr North informed the Governing Body that in a press statement issued yesterday it stated that the Chair and Chief Executive of Salford Foundation Trust will be providing leadership and support to PAHT to improve quality and performance.

Mr Wild enquired whether Bury CCG has currently any plans for applying for part of the £60 million; and does the money to be spent in year. In response Mr North stated that the money we will be allocated in the relevant years but there is some flexibility with GM Devolution as Local Authorities can carry reserves over a year.

The GM Devolution team are in the process of clarifying what of the £60m is pre committed by the government, as organisations within GM Devolution would not be in a position to apply for future initiatives. Clarification in particular is needed for 2 vanguard schemes in Salford and Stockport as these would have substantial pre commitments. Mr North stated as soon as this information becomes available it will be reported back to the Governing Body.

	ACTION: Mr North to report back to the Governing Body implications of any pre funding commitments. Mrs Wilson also stated that money from NHSE is allocated on a year by year basis and funding arrangements which were scheduled would not be automatically be carried over; but would need negotiating individually with NHSE. Ms O'Dwyer sought guidance and clarification in respect of the Commissioning Strategy. The Strategy and ethos is to consider new innovative ways of flexible working expected through GM Devolution and the development of local care organisation and forming partnerships. Partnership working in this way conflicts with current procurement legislation. Ms O'Dwyer has not read anything that CCG no longer have to pay heed to the procurement natural requirements by virtue of being in GM Devolution. Mr North stated he would seek clarification and bring back guidance as soon as this information becomes available. **ACTION: Mrs North to escalate re procurement legislation and commissioning strategy flexible working to GM Devolution and to being that back to the Governing Body when this information becomes available.** Mr McCann inquired whether at a local level the GM Devolution Strategic Partnership Board Executive would steer CCGs and Local Authorities into areas of transformation which they are expecting; or whether there would be genuine freedom to decide what to apply for and to spend. Mr North believed there would be elements of both steering in to specific areas of transformation as the document contains initiatives already identified at a GM level but there is also a level of local flexibility in the locality plans. Mr North stated that the CCGs focus should be to develop schemes now, so that is in place by April 2017. Recognising that for 2 years 2 and 3 the initiative funding will increase to £100m. Dr Patel added that the CCG should now start to develop work plans to be able to meet the 1st April 2017 deadline. Mr North also stated that any funding application would have to involve a number of organisations working collaboratively as this was part of the integration plan.
2.	**Strategy and development**
2.1	**Gluten free prescribing (moved from 2.2 because of public interest)** Dr Patel brought the Gluten free prescribing element forward on the agenda due to the public interest in this item. Dr Patel stated that the paper presented was based on a prescribing decision on gluten free products made in May 2015 that following a consultation the feasibility of stopping prescribing of gluten free products. A consultation with engagement has taken place and Dr Patel thanked the Communications Manager and the Medicines Management Prescribing Team for co-ordinating the work and the results. The consultation involved the CCG membership, health professionals, patients and relevant groups outside of Bury. Dr Patel outlined the 4 options: 1. Continue the status quo 2. Stop prescribing all gluten free products

3. Adopt GM Medicines Management Group recommendation of units per month
4. Voucher scheme with pharmacy providers

Before Mr Hughes provided the Clinical Cabinet's feedback on the proposals Mr Hughes declared an interest as a pharmacist and prescribing Gluten free products.

Mr Hughes stated that the Clinical Cabinet had discussed this item at some length and the following points were noted:-

- Are prescribed products inferior to supermarket alternatives? The clinicians: GPs, Pharmacists and Secondary Care Consultants did not agree that the standard of quality was different; bur agreed that the taste may vary.
- Would refusing to prescribe stop patients accessing gluten free products? It was believed that there were health risks for those people who should follow a gluten free diet and don't. But this would be addressed with appropriate education.
- Would the cost stop someone from buying this type of food? Clinicians believed that the supermarket costs were more, but not prohibitively more.
- Having considered option 4 as an alternative supply route. The Cabinet didn't think this fitted with the CCG promotion of self-care.

Mr Hughes stated that in May 2015 at the Governing Body it was agreed to look with the Local Authority about whether it was possible to have a system exempting to have to pay for gluten free products; the Cabinet were advised that this approach hasn't been possible so has not been progressed.

With the above Cabinet believed the best option was option 2. The choice was not a political decision but a clinical decision.

Clinicians didn't agree with a statement in the document about reducing GP workload, but was more the question of whether it is the most appropriate use of GP time and this is different. It was also recognised that there are other patient groups with different diets who do not get support through prescriptions.

Mr McCann feeding back on the discussion which took place at Patient Cabinet stated the there was a split decision between its members on gluten free prescribing option 2 and 3; but added there was however a significant view that:

- There was not sufficient assurance that those patients who need gluten free prescriptions have the education re wheat free diets; or
- Whether GPs would review to check if there was deterioration in health of their patients following the removal of gluten free prescribing.
- And economically some patients may struggle with purchasing gluten free products and health may deteriorate.

The Patient Cabinet would strongly urge that if there was an agreement with option 2, to remove the free prescribing, then there should be some caveats; that the CCG had to be properly satisfied that appropriate education was in place; and at the same time a robust system to ensure there was not a deterioration to their

health as a result of the decision.

Mr North reported that the CCGs approach in the processes for consultation was discussed at the Health and Wellbeing, Overview and Scrutiny Committee (H&WBOSC). This was to ensure the CCG adopted the right process, and not necessarily the outcome. Following the meeting the H&WBOSC was assured that the approach was right; however there were concerns if there was a decision to remove gluten free products that there was a need to ensure annual health checks for coeliac disease.

Dr Patel agreed to accept questions and responses from members of the Public who had attended for this agenda item.

- A member of the public who is also a GP clinician and has personal experience with the Coeliac Disease supported the belief that free prescriptions for coeliac sufferers meant they feel supported; removal of free prescriptions would lead to an adverse effect.
- Research into gluten free cost shows that the costs are between 2-3 times more expensive and in some circumstances can be up to 7 times the price. The National Diet and Nutrition Service survey stated that individuals do not become gluten free overnight and there are other ingredients in bread which are needed.
- On individual's with other diets; those who are lactose intolerant may suffer diarrhoea but there are long term damage to the intestine with coeliac sufferers.
- There are links to osteoporosis if there isn't a robust system to monitor compliance.
- Because of the potential health complications in the long term there was a question of whether these costs have been factored in to the decision making.
- It was highlighted that the Vale of York CCG currently uses voucher scheme with the supermarket.
- Products not readily accessible in corner shops and supermarkets generally run out of certain gluten free products.

Mr North stated that on the cost issue that a significant number of people who are on free prescriptions but only a small number who are using it for welfare reasons. There are patients who have other physical conditions but do not receive free prescriptions and the CCG has a responsibility to treat all patients equitably as possible. If so a voucher scheme enables people on welfare, could be looked at in the future which is taking place in the Vale of York.

Mr Hughes stated that whilst all that has been mentioned was considered by the Cabinet the details around re-education and some form of review of patients had not formed part of paper. How long this will take had not been considered and therefore any decision and start date could not commence by the 1st April 2016.

Dr Patel thanked all for their comments and stated he had already agreed the Mr North that they would be discussion with coeliac manufacturers re supermarket supply.

	Decision: The members supported Option 2 but with the following caveats: • Before a start date a commitment around an appropriate annual health review of those diagnosed with Coeliac Disease within primary care. • Clear about educational requirements of those with Coeliac Disease. As regards to time scales there would be an arrangement to come back to the Governing Body in two months with recommendations for: • the form of review; and • educational requirements. With an expectation that a decision will be made in favour of Option 2 in two months' time if the above caveats are satisfactorily met. Alternatively if the caveats are not satisfactorily met then the recommendation to approve Option 2 from Clinical Cabinet would not be made. It was also agreed: • If the decision for Option 2 was made the decision could be reviewed in years' time or if further implications are identified; and • to monitor the Vale of York's voucher scheme. **ACTION:** **1) Dr Patel or Mr North to speak with gluten free manufacturers re supply to supermarkets.** **2) Decision to be made in 2 months' time on Option 2 if the caveats stated above can be satisfactorily met.**
2.2	**Operational Plan Priorities: 2016/17** Ms O'Dwyer stated that there had been a presentation last month of the ingredients of the Operational Plan. The final document would be submitted to NHSE in-between Governing Body meetings on the 11th of April. A discussion at the Senior Management Team had taken place around the first shaping of the operational plan. There had already been agreement at the last Governing Body which confirmed the organisational priorities, where we are on the 9 must do's, and the key pillars of that plan. Ms O'Dwyer proposed to submit a fully drafted document electronically (based on what members had already been agreed) to members a week in advance of the agreement to make any final changes before its submission to NHSE. **ACTION: The proposal was agreed that members should provide feedback from the electronically submitted document to Ms O'Dwyer for the document to be finalised and submitted to NHSE.**
3.	**Quality and Performance**

3.1	**Quality report** Mrs Jackson presented the main highlights of the Quality Report. <u>CQC and Pennine Acute</u> Following the 2 weeks inspection of PAHT, the CQC identified a number of quality areas for improvement. In the Paediatric Unit, staffing levels are within the Healthier Together model with a staffing ratio to patients of 1:5; with the plans to reach the CQC standard of 1:4. There is some discussion across GM about having to meet the CQC standard and the implications. PAHT stated they would need an additional 18 nurses to meet the standard which is difficult as there is a shortage of paediatric nurses. They would also have to look at the staff levels on the HDU. Another area as already stated are issues within A&E and to improve waiting time performance. The CQC had requested that PAHT close a number of beds until an additional 18 nurses be recruited to meet the 1:4 standard. <u>Delayed diagnostics</u> The Diagnostic Improvement Plan continues to be rolled out across the Trust. This aims to ensure all ordering and reporting of tests are owned by the clinical team responsible for the care of the patient. A case by case clinical review is being undertaken on behalf of the North East Sector (NES) CCGs by Oldham and North Manchester CCGs to enable a pragmatic approach to Duty of Candour being applied depending on the specific circumstances. Learning options from NES Serious Incident (SI) Review Panel is to be shared back to the Trust. Detailed presentation of action plan to take place at the April CQL (Clinical Quality Leads) meeting. Proposals for the 2016/17 CQUIN cycle are being finalised and there are a number of good schemes being developed. As reported earlier A&E performance and 12 hour waits is under extreme pressure. With the new quality standard and the Decision To Admit (DTA) policy means that patients are coming into the system earlier. There are currently 92 breaches since September 2015 and most of these recorded at North Manchester General Hospital (NMGH), 22 of the 92 are Bury patients with 12 having occurred at Fairfield Hospital. Following an analysis of precise investigation reports only a small percentage state mostly around bed availability. There are a few ongoing issues with Mix Sex Accommodation breaches and a number of Root Cause Analyses are still outstanding and progress against these are being monitored. CQC also conducted an unannounced follow up visit where no concerns were raised and highlighted areas of improvement. The trust is currently waiting the 90 days for the final report. <u>Pennine Care</u>

	Woundcare, Lymphoedema and Podiatry went live under a new contract with the CCG on 1st March 2016. An engagement event for stakeholders was held in February to provide information about the new services, how to refer, types of referrals and ask the clinical teams any questions. Looked After Children (LAC) Assessments – currently struggling to meet requirements including safeguarding training. Year on year the CDIFF and MRSA trajectory has increasingly become more stringent Mrs Jackson reported the good work in bring down the number and that this year's trajectory is the same as last year. With Quality Premiums for 15/16 there has been some difficulty in getting data. There are also issues in meeting the 1:4 required standard not that there is insufficient staffing but insufficient numbers with the full qualification. For more NVA nurses they need a paediatric qualification but are unable to implement it because there are insufficient numbers of nurses and with £600k additional costs per year at Pennine. Mr North stated that the CQC are not faced with the consequences of the decisions they make in respect of meeting standards. For instance in not meeting the 1:4 ratio standard and reducing the number of beds Greater Manchester (GM) children risk being sent outside of Greater Manchester for treatment. This is the same for nursing homes and residential care home. The CQC have the power to close these organisations if they believe they are not meeting the standards appropriately. There are a number of Quality meetings taking place over the next few weeks across GM with members of regulatory bodies including the CQC present and I intend raising that issue as we cannot work in isolation.
3.2	**Performance report** Ms. O'Dwyer presented the highlights of the Performance Report as at December 2015 (current published data). The report is based on one previously seen by the Quality and Risk Committee. Current work includes looking at the trajectories for the key Constitutional targets for 2016/17. There are 11 of the 35 National Standards indicators with areas of concern especially with A&E targets (4 hours and 12 hour trolley waits) highlighted in the report. The following have been ongoing concerns for the past three months: • A&E target (4 hours) • A&E target (12 hour trolley waits) • Referral to Treatment : Admitted Patients waiting 18 weeks or later • Diagnostic Waiting Times • Ambulance : Category A (Red 2) 8 minutes • Ambulance : Category A 19 minutes • Cancelled Operations : 28 day guarantee • Ambulance Handover > 30 minutes • Ambulance Handover > 60 minutes • IAPT Recovery : Moving to Recovery ; and • IAPT 6 week waits. For A&E, interventions are being put in place both locally and nationally, with

	national experts supporting hospitals. Pennine Acute have conducted a rapid improvement event which has involved the Trust Development Agency (TDA). As part of our work with Pennine Acute they have recognised their current position and the CCG are working with them to agree improvement plan trajectories to meeting the 95% national target. The CCG has not approved the current target plan as the trajectory is to reach 85% by September 2016 and 90% by March 2017. This is not sufficient to meet the national standard by 16/17; therefore further discussions are taking place. Particular area of work for Bury is patient discharge and arrangements for patients to leave hospital particularly Fairfield and North Manchester. The other 2 areas of focus are Improving Access to Psychological Therapies (IAPT), moving to recovery and 6 week waits with Pennine Acute and will soon be meeting with the Operations Director to discuss improvement. The CCG is currently supporting Pennine Care improve expertise around waiting list and capacity demand modelling. This is new to Pennine Care although very familiar to Acute Hospitals. This will be done with a Master Class with Acute Hospital Colleagues. Mr North stated that Bury CCG is performing best on IAPTs within the Pennine footprint but other trusts in Greater Manchester are doing much better.
3.3	**Safeguarding quarterly dashboard** Dr Fines presented the dashboard for Quarter 3 of 2015/16 for information. The dashboard was presented also to the Quality and Risk Committee on the 15th February 2016. There are a couple of issues around training the main being looked after children and a number of audits undertaken where the results show making good progress in Safeguarding Referrals. The CCG Adult Safeguarding lead is currently working with the Local Authority and has a plan to review all nursing homes in Bury between January 2016 and July. Follow up meetings will also take place to ensure any remedial actions are carried out. The report states that we have no domestic homicides. Sadly there has been a subsequent request for a review, so there is one to report. There are no serious case reviews. The report details monitoring “adults at risk” and issues of “looked after children” which continue to be an issues.
4.	**Finance**
4.1	**Finance Report** Mrs Wilson presented the Finance Paper stating that the Finance Plan was on the agenda as an update but like the Operating Plan the Finance Plan was submitted to NHSE 2 weeks ago and the next submission is on the 11th of April and therefore in-between the 2 so there is nothing to update on at the moment. A QIPP target of £5.5m is identified and the other single biggest risk is the contract arrangements with our Acute provider which is yet to be completed. With Pennine Care the CCG is getting nearer to completion and almost ready to be signed for the 31st March which is in line with what is expected. However with

	Pennine Acute there is some way to go but recently had a productive meeting with their Director of Finance and other commissioners and in the process of pulling together a comprehensive proposal in response to 9 key issues. Currently £20m adrift across all commissioners and Pennine Acute with the CCGs share being £3m. Some of this is still to be negotiated and hopefully will be resolved by the end of April but not signed by the end of March. The Financial Report for this Financial year stated the forecast surplus this month has increased from £1.5m to £2.5m which has been agreed with NHSE. Reasons are because of significant under performance on elective activity. Greater Manchester's Elective Activity from November to now has fallen by 20% compared to what it was for the first 8 months of the year. This has been happening for a couple of months and the impact of this will be on the financial position next year. As patients who have been referred for surgery but have not received it will still need to have that surgery. This will financially impact next year. Other issues include beds being occupied longer resulting in elective surgery needing to be cancelled. To deal with the impending increase in elective activity, the CCG has agreed with NHSE to increase surplus over into next year to make more funding available. The CCG has been able to do this because we have agreed the financial year end position with PAHT. In the Finance Report it details the enacted penalties of not achieving KPI's for the first three quarters of the financial year. The last quarter details will not be known until far into the next financial year and therefore the CCG is only able to enact the first three quarters. The report shows how we have reinvested that money across a number of providers and have used some to increase our bottom line surplus to support national balances. Finally the CCG had received notice from Bolton that it had accepted a long running contract challenge re £270,000 maternity costs due to the tenacity of a member of the finance team.
4.2	**QIPP 2016/17** Ms O'Dwyer presented the QIPP proposal paper which has been presented to the Clinical Cabinet on a number of occasions. The current QIPP target is £5.5m with the caveat that this is dependent on contract negotiations. The proposals are a 'ball park' of what can be achieved but not all the projects will commence on the 1st April 2016 and is also limited by current CCG capacity. The projects will include the involvement of a Clinical Lead, a Governing Body Member and an implementing manager. Dr Patel is to agree clinical lead areas and in the early part of 2016/2017, and the expectation is there will be more managers to support clinicians with these workstreams.
5.	**Governance**
5.1	**Governing Body Assurance Framework** Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) Ms O'Dwyer presented highlights of both the GBAF and CRR together stating that

	there had been little movement in the report in part due to the risks being long term strategic risk and management capacity issues. Further management update was anticipated but was not in time for this paper. Each risk shows level of assurance as limited but these will change overtime as the information to manage and mitigate risk is evaluated to improve levels of assurance. The process is still embedding within the organisation and starting with a Board development session planned for April. Also in April the Strategic Objectives for 2016/17 need to be updated which will form the GBAF. Mr Wild commented that Mersey audit conducted a review of the Assurance Framework and found significant assurance with the process as reported to the Audit Committee. It was agreed by Governing Body members that the challenge is embedding that into the organisation. Ms O'Dwyer also stated that the CCG are implementing a risk training process which will start with the Governing Body Members and this will take place at the next development session and will include new organisational objectives.
5.2	**Conflicts of interest policy** Mr Wild reported on the amended Conflicts of Interest Policy stating that it has been brought up to date and asking for the GB to approve the policy. There is a useful flow diagram in the policy that you would only need to read the policy once and be able to refer back to the flow diagram. Dr Patel stated it was an important document especially for Chairs of committees and to apply it across all committees in a consistent manner. Mr Horrocks added that there is an important definition on page 8 which is quite clear and useful to know and be publicised. Mrs. Wilson added that it is important that where conflicts arise appropriate management is implemented and that this is consistent. **Decision:** **The Governing Body Approved the latest Conflicts of Interest Policy**
6.	**Partnership**
	No items
7.	**Subcommittee Updates**
	The following summary papers were presented for information • Remuneration Committee • Patient Cabinet • Clinical Cabinet
8.	**Closing Matters** [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]
	A thank you was issued on behalf of the Governing Body to Mr McDade the CCG's Secondary Care Specialist member as this would be his final meeting. The members wished him well in his future pursuits

9.	**The date and time of next meeting:**
	Meeting in public: 25th May 2016 3.00pm – 5.00pm Room 503/4 Townside Primary Care Centre Knowsley Street Bury, BL9 0SN