

GOVERNING BODY MEETING – TUESDAY 20 SEPTEMBER 2016

MINUTES TO BE RECEIVED

Title of Meeting	CLINICAL COMMISSIONING COMMITTEE
Date of Meeting	05 July 2016
Status (ratified/draft)	RATIFIED
CCG Representatives	Internal meeting see minutes

Summary of key issues discussed:

The committee received a presentation on performance against A&E waiting times and noted the recent review and update of the Fylde Coast A&E recovery plan by the System Resilience Group.

The committee received the Fylde coast cancer strategy 2015-2020 (updated) and approved implementation which will be led by the Fylde coast cancer steering group.

The committee approved the Paediatric community learning disabilities service specification.

The committee approved a pilot of the proposed service model for the diabetes community integrated service for 6 months in the Wyre Neighbourhood.

Matters requiring action by Governing Body

Details:	By whom:	Timescale:
No actions required.		

Recommendation

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

**Tony Naughton
Clinical Chief Officer
Chair of the Clinical Commissioning Committee**



**Fylde and Wyre
Clinical Commissioning Group**

Clinical Commissioning Committee Meeting

Tuesday 5 July 2016

13:00-15:00

Boardroom, NHS Fylde and Wyre CCG

MINUTES

Present:

Jennifer Aldridge	Chief Nursing Officer	FW CCG
Dr P Benett	Elected Clinical Lead	FW CCG
Dr VG Chandrasekar	Elected Clinical Lead	FW CCG
Dr K Greenwood (part)	Elected Clinical Lead	FW CCG
Dr F Guest	Elected Clinical Lead	FW CCG
Dr A Janjua (Chair)	Elected Clinical Lead and CCG vice Chair	FW CCG
Dr T Johnson	Elected Clinical Lead	FW CCG
Dr J Panesar	Elected Clinical Lead	FW CCG
Dr I Stewart	Secondary Care Doctor	FW CCG
Peter Tinson	Chief Operating Officer	FW CCG

In Attendance:

Dr Z Atcha (part)	Consultant in Public Health Medicine	LCC
Sarah Camplin	Head of Commissioning	FW CCG
Suzanne Endersby	Senior Commissioning Manager	FW CCG
Philippa Hulme (part)	Senior Commissioning Manager	FW CCG
Jill Moores	Minutes	FW CCG
Dr R Smyth	Clinical Lead	FW CCG
Lesley Tiffen (part)	Commissioning Manager	FW CCG
Nicola Walmsley (part)	Head of Delivery and Planning	FW CCG
David Walsh	Finance Manager	FW CCG

No	Item
1	Apologies for Absence Apologies for absence were received from Dr S Ellwood, Andrew Harrison, Sarah McTigue, Dr T Naughton and Dr J Reid.
2	Any Other Matters of Urgent Business None reported.
3	Declarations of Interest All GPs present declared an interest in agenda item 7.2.3
4	Minutes of the last meeting of the Clinical Commissioning Committee held on 7 June 2016 The minutes of the last meeting were agreed to be an accurate record subject to the following amendment. Apologies for absence were received from Dr VG Chandrasekar.
5	Matters Arising There were no matters arising.
5.1	Action Sheet and receipt of updates The action sheet was reviewed and updated.

6	<p>Performance Dashboard – month 12, March 2016</p> <p>N Walmsley advised the performance dashboard is in the process of being updated and the new format will be received by the Governing Body in July 2016. In future months the dashboard will be provided for information and performance exceptions will be presented at the committee by the clinical and commissioning lead.</p> <p>N Walmsley introduced a presentation on A&E waiting times, advising that the operating standard in the contract is 95%; however, the sustainability and transformation fund trajectory submitted by Blackpool Teaching Hospitals NHS Trust is 94.06%. It has been predicted that the standard planned to be achieved will be achieved in quarter 2.</p> <p>S Endersby presented the A&E recovery plan which has been reviewed by the Systems Resilience Group and the PMO. The plan details the core project team members and milestones, action plans are to be embedded within the plan. The risk and issue log will be sent to each responsible organisation on a monthly basis detailing RAG status and critical risks.</p> <p>The committee requested that the impact of not achieving milestones is detailed in the plan and suggested the use of an impact score.</p> <p>The committee requires assurance that the recovery projects are delivering, an overview of projects, initiatives and expected impacts is to be presented at the September 2016 committee.</p>
<p>7 7.1</p> <p>7.2 7.2.1</p>	<p>Programme Management Office Dashboard</p> <p>P Hulme presented the updated programme dashboard for the period 30 May to 24 June 2016 and highlighted the following areas for the attention of the committee:</p> <ul style="list-style-type: none"> • The closure of the stoma redesign project and the pulmonary rehabilitation service expansion following successful delivery of project objectives. • Diabetes service review – the development of a community based integrated diabetes service pilot is presented to the committee for consideration under agenda item 7.2.3. During the design of the service pilot it has become clear that the re-design of hospital based services will be integral to its success and a proposal to review current hospital services is recommended. The diabetes foot MDT business case will require revision to ensure that it aligns with the approach developed through the integrated diabetes service pilot. • Episodic programme – a progress update was provided, capacity issues are being addressed. • Neighbourhood care teams and enhanced primary care - a progress update was provided. The Fylde Coast vanguard is in the process of reviewing and revising its delivery plans following confirmation of vanguard funding. <p>The annual commissioning plan will be presented to the July 2016 meeting of the Governing body.</p> <p>RESOLVED: That the committee reviewed 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>Gateway documents for sign-off Fylde coast cancer strategy</p> <p>N Walmsley advised that the draft strategy was approved at the September 2015 committee. The strategy was subsequently presented to partner organisations for sign off who requested that the strategy be revised to place a greater emphasis on prevention.</p> <p>The committee requested that updates on project work are submitted to the Fylde coast strategic partnership board (FCSPB).</p> <p>The committee were advised that a NICE guidance sub group has been established with BTH NHS FT to work on the NICE guidelines on referral forms. Progress has currently stalled and this will be escalated to the FCSPB as an issue. The CCG have offered support to the Trust to model capacity.</p>

7.2.2	<p>RESOLVED: That the committee received the Fylde Coast cancer strategy 2015-2020 and approve implementation which will be led by the Fylde Coast cancer steering group.</p> <p>Paediatric community learning disabilities service specification L Tiffen presented the service specification to the Committee for consideration, advising that the service is for children and young people aged 0-18 with a severe to moderate learning disability who present with behaviours that challenge. The specification forms part of an overall pathway for with special education needs. This is a specialist service and will not replace education and social care responsibilities.</p> <p>The committee expressed support for the service and acknowledged the multiple referral routes into the service as a positive. It was noted that support staff from schools and parents can also refer into the service. A communication will be issued to make people aware of the service and the types of referrals that will be accepted.</p> <p>RESOLVED: That the committee reviewed and approved the service specification.</p>
7.2.3	<p>Diabetes community integrated service S Camplin presented the diabetes community integrated service business case advising that the paper summarises the work currently underway and a proposed service model specification.</p> <p>The Committee are asked to agree to a pilot of the proposed service model for 6 months in the Wyre neighbourhood and to proceed with the pilot. The Committee are also requested to approve the return of the diabetes foot MDT business case to BTH NHS FT for reconsideration in order to realign the clinical and financial models with the development of the diabetes community integrated service and in line with the review and redesign of all hospital based diabetes services. If approved, the secondary care pilot scheme would commence whilst the service redesign work is ongoing.</p> <p>A Clinical Lead highlighted that a shift in activity to Primary Care without funding as a risk, however, the pilot scheme will reveal the impact on Primary Care along with patient numbers. The patient co-hort that is to be transferred into the new service are those patients who are currently referred to the general diabetic clinic.</p> <p>S Camplin advised that there is a collective expertise within the Wyre neighbourhood and the pilot offers an opportunity to think differently about patient flows with Secondary Care expertise being brought closer. The ambition is for the pilot to achieve the same level of service but delivered at a local level.</p> <p>P Tinson requested that the evaluation of the pilot scheme includes detail of the impact on the element of secondary care activity that has not moved outside of the hospital setting alongside the impact of the increased activity in primary care. D Walsh also highlighted the need to evaluate the impact on the capacity of estates and facilities.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the committee approve the implementation of a pilot of the proposed service model and the associated service specification which is linked to secondary care redesign (option C) subject to the strengthening of the evaluation criteria as described above. • That the committee approve the implementation of option C as outlined in the project table. • That the committee approve the return of the diabetes foot MDT business case to BTH NHS FT.
8	<p>Healthy new towns update Apologies for absence were received from Sarah McTigue; the slides are to be circulated to the Committee for information.</p>
9	<p>Committee terms of reference The Committee reviewed the terms of reference and agreed that comments made by the Senior Planning and Performance Manager regarding section 8.2 – Exclusions, should be incorporated into the document. It was noted that the approval of the Equality Impact Risk Assessment by the Quality Improvement and Governance Committee</p>

	<p>could be carried out before or after being brought to the Clinical Commissioning Committee for consideration.</p> <p>RESOLVED: That the committee approve the terms of reference subject to the above amendment.</p>
<p>10 10.1 10.2 10.3</p>	<p>Minutes to be Received Collaborative Commissioning Board (10 May 2016 draft) Fylde coast strategic partnership board (19 May 2016 final)</p> <p>RESOLVED The Committee received the minutes and the contents were noted</p>
<p>11 11.1 11.2 11.3</p>	<p>Items to Forward Items for the next meeting, 6 September 2016 – none identified Items to be considered by the Governing Body, 19 July 2016 – none identified. Items to be considered by the Council of Members, 12 July 2016 – Paediatric pathways</p>
<p>12 12.1</p>	<p>Any other business The committee were advised of the cancellation of the August 2016 meeting.</p>
<p>13</p>	<p>Date and time of next meeting: Tuesday 6 September 2016 at 13:00 in the Boardroom, Wesham</p>