

**Blackburn with Darwen Clinical Commissioning Group Governing Body
 Meeting in Common with
 East Lancashire Clinical Commissioning Group Governing Body**

**Minutes of Part 1 of the Meeting held on Wednesday, 23 February 2022
 Via Microsoft Teams**

Blackburn with Darwen CCG	
Mr Graham Burgess Dr Ridwaan Ahmed Mr Paul Hinnigan Dr Nigel Horsfield Dr Qashuf Hussain Dr Geraint Jones Dr Mohammed Moosa Dr Zaki Patel	CCG Chair – Meeting Chair Clinical Director of Quality & Primary Care Lay Member - Governance Lay Member - Clinical Advisor Executive GP & Clinical Lead Lay Member - Secondary Care Doctor Executive GP & Clinical Lead Executive GP & Clinical Lead
In Attendance East Lancashire CCG	
Dr Richard Robinson Dr Santosh Davis Dr Mark Dziobon Mrs Kirsty Hollis Dr Tom Mackenzie Mr David Swift Dr Paul Taylor Mr Alex Walker Dr David White	CCG Chair Clinical Advisor & Governing Body Member Medical Director Chief Finance Officer / Deputy Chief Officer Clinical Advisor & Governing Body Member Lay Member - Governance Secondary Care Doctor Director of Performance & Delivery Clinical Advisor & Governing Body Member
In Attendance	
Mrs Debra Atkinson Mrs Anne Holden	Head of Corporate Business, ELCCG Corporate Administration Officer, EL CCG
Apologies:	
BwD CCG: Dr Adam Black Professor Dominic Harrison Dr Julie Higgins Mrs Kathryn Lord Mr Roger Parr	GP Executive & Clinical Lead Director of Public Health Joint Chief Officer Director of Quality & Chief Nurse Chief Finance Officer / Deputy Chief Officer Interim Director of Performance & Improvement, L&SC Health & Care Partnership.
EL CCG: Dr Julie Higgins Mrs Kathryn Lord	Joint Chief Officer Director of Quality & Chief Nurse

Min Ref:		ACTION
22:001	<p>Welcome & Introductions</p> <p>Mr Graham Burgess, Chair of Blackburn with Darwen CCG and meeting Chair welcomed all present.</p> <p>In relation to Coronavirus, he advised that although the position is more positive, the organisation is still operating at a level 4 emergency. Going forward Members would receive a written Covid briefing together with an update on the national Living Together with Covid Strategy as it emerges, but the item would not be included on the agenda for discussion.</p> <p>He also confirmed that ICB shadow working arrangements had been shared for information, alongside the agenda.</p>	
22:002	<p>Apologies for Absence and Confirmation of Quoracy</p> <p>Apologies for absence were received from Dr Higgins, Mrs Lord, Dr Black, Mr Parr and Professor Harrison.</p> <p>The Chair advised that Dr Higgins had been involved in a car accident. She was not serious hurt but was receiving treatment and hoped to return soon.</p> <p>It was noted that BwD CCG was not quorate and any decisions would be shared with those not present to confirm approval.</p>	
22:003	<p>Declarations of Interest</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting, which might conflict with the business of the CCGs. Members should also, if appropriate, make a declaration should a conflict emerge during the meeting and it would be recorded against the relevant item.</p> <p>Agenda Item 3.1 Contract Extensions</p> <ul style="list-style-type: none"> ▪ Dr David White declared an interest as a Partner in Burnley Group Practice ▪ Dr Rakesh Sharma declared an interest as a Partner at Oswald Medical Centre. 	
22:004	<p>Declarations of Other Business</p> <p>There were no declarations of other business.</p>	
22:005	<p>Action Matrix</p> <p>RESOLVED: that Members receive the Action Matrix and agreed to close all Green rated actions.</p>	
22:006	<p>Public Questions</p> <p>There were no public questions.</p>	
22:007	<p>PL Contracts – Future Contracting Proposals</p>	

Mr Alex Walker, Director of Performance and Delivery presented the report which was received by the Governing Body on an annual basis. The majority of services within the report had a contract end date of 31 March 2022. Other contracts had an end date at various points during 2022/23 and would be subject to separate decision making processes, as a number of contracts will migrate to the ICB.

He highlighted key points and the rationale to support the contract position and the recommendations outlined:

- There was a much greater collaborative approach between community providers through the pandemic as services have worked together, and important to build on this.
- The Long Term Plan has shaped how we work, highlighting the need to work with our community services around integration into future transformational models of localised community delivery.
- All contract extensions will include a requirement for providers to collaborate with stakeholders to operate in a structured way and develop services that are place based including Population Health Management.
- It was recognised that staff have been fully engaged in the ongoing response to the Covid-19 pandemic and supporting the restoration of services, therefore unable to undertake large scale reviews.
- Increased community investment is vital to support the long term community aims.

The CCGs Senior Directors had reviewed the details of the contracting proposals and supported the recommendations as outlined in the appendices to the report.

The Chair referred to discussions at the Primary Care Committee and the difficulties in re-letting contracts at this point in time. He considered the report outlined a reasonable approach in the circumstances.

Mr Hinnigan also supported the approach based on the current position. He referred to the point made that all contract extensions include a requirement for providers to collaborate with stakeholders and asked if this would be a contractual obligation. Mr Walker confirmed this would be part of the contract where possible, to provide leverage.

Mr Hinnigan also requested clarity regarding the reference to decision making being centralised within the ICB and asked if the Place Based Partnership (PBP) would be involved in these decisions. Mr Walker confirmed the Scheme of Delegation going forward is not yet known but he hoped there would be strong involvement at Place. Mrs Hollis also advised there is a desire that the PBP has a single contract with one provider to streamline the process, recognising that service elements may be slightly different in each of the Places.

Reference was also made to previous discussions with Amanda Doyle regarding the 80% delegation to Place and 20% reserved to the ICB, which Members felt does not fit with current proposals.

Members also felt the phrase implied that the ICB direction of travel overrides the ICP needs or requirements and asked if there is any flexibility, recognising that a number of primary and urgent care contracts were not included in the report. Mr Walker confirmed the primary care elements of the contracts are

	<p>being managed centrally. He referred to discussions at the Primary Care Committee and the need to identify a way of dealing with issues that are not incorporated in the ICB mechanism, locally through the Primary Care Committee. The Chair also referred to concerns raised through the Primary Care Committee regarding contracting decisions being made centrally, with concerns that service elements may be different in each of the Places and needs to be managed locally.</p> <p>Funding was not guaranteed going forward and there was concern regarding inequity with different levels of investment and the need to receive a fair share according to the level of need in PL. Mr Walker considered that having PBP leadership in place will make a fundamental difference and provide strong support. The Chair confirmed that he had written to David Flory outlining concerns regarding the timing of the Place Leader role, confirming that the post was to be advertised in the coming days.</p> <p>There was also concern that Population Health Management is in Place but managed centrally, recognising that the principle of PHM is that it is localised.</p> <p>Mr Swift referred to the information provided on Page 16 of the report relating to the two ELMS contracts which confirmed that a paper would be taken to a forum for discussion. Also the Community DVT Services contract would be discussed at JSMM. He requested assurance that these contract decisions would come back to the Governing Body. Mr Walker confirmed that work was ongoing on these elements, particularly regarding funding issues beyond the end of March. The decisions would be brought back to the GB in due course.</p> <p>It was recognised that concerns have been challenged with the ICB a number of times but not acted upon. The ultimate decision makers are the SCC or the ICB, both have representation from PL. The Chairs and Dr Higgins would raise the issues formally with the Chair and Chief Executive of the ICB relating to the amount of delegation and the way decisions are being made centrally.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> ▪ Outcome of discussions regarding the ELMS contracts and Community DVT Services to come back to the GB; ▪ Executive Officers to provide a few examples where there are concerns that can be raised formally with the ICB, particularly the amount of delegation and the way decisions are being made centrally, requesting answers to the individual issues raised. ▪ Chairs to write formally to David Flory and the Chief Executive and report back to the next meeting. <p>RESOLVED: that Members support the approach outlined in the report and approve the contract proposals outlined in each of the Appendices.</p> <ul style="list-style-type: none"> ▪ BwD CCG members not present have subsequently confirmed approval of the proposals. 	<p>AW</p> <p>Execs</p> <p>Chairs</p>
<p>22:008</p>	<p>CCG Finance Updates</p> <p>22:008.1 Blackburn with Darwen CCG & East Lancashire CCG</p> <p>Mrs Hollis, Chief Finance Officer & Deputy Chief Officer presented reports on behalf of both BwD and EL CCGs. Any specific issues relating to BwD CCG</p>	

	<p>would be forwarded to Mr Parr.</p> <p>Against the CCG specific allocations, both organisations are on track to achieve a break even position, including the QIPP target. Sat within both CCGs is a level of risk in respect of shares of the system risks taken into the H2 plans. For BwD CCG, as lead commissioner for Mental Health services across LSC, this was identified at £3.7m and for EL CCG £1.7m. Directors of Finance have had discussions to mitigate the risks and were hopeful that a system solution will be found.</p> <p>Mrs Hollis highlighted a technical issue in the accounts that is common to all CCGs regarding the estimation of prescribing expenditure. This had been highlighted by the isa260 report and as part of the CCG closedown process, CCGs have been asked to clear out any outstanding issues, to open up with a clean report. Work is ongoing to explore how this can be achieved by year end.</p> <p>Mr Hinnigan made reference to QIPP being found non-recurrently in the current financial year and requested clarity regarding the overall quantum of the deficit going into the ICB. In response Mrs Hollis confirmed the figure currently quoted is approx. £340m, however there are other issues to be uncovered which could change the position. An update on financial planning would be presented to the next GB meeting.</p> <p>RESOLVED: that Members receive the financial update for BwD and EL CCGs.</p>	KH/RP
	<p>22:008.2 2021/22 Annual Report & Accounts Sign Off Process</p> <p>In presenting the report Mrs Hollis advised that under emergency powers for the 2020/21 Accounts, the Governing Body agreed delegation to the EL Audit Committee to approve the draft and final submission of the Annual Report and Accounts.</p> <p>The purpose of the report was to seek to formalist this delegation and to put in place a process to streamline the submission of the final accounts, and be in alignment with BwD CCG.</p> <p>In 2022/23 Month 3 will be a hard close and will be the responsibility of the ICB as the successor organisation.</p> <p>RESOLVED: that East Lancashire CCG receive the report and confirm approval for delegation to the ELCCG Audit Committee to approve the draft and final submission of the Annual Report and Accounts 2021/22.</p>	
<p>22:009</p>	<p>System Transformation</p> <p>22:009.1 System Development Review</p> <p>The Chair referred to the report circulated from Andrew Bennett clearly outlining the position regarding proposed shadow arrangements from April to June 2022 and continuing CCG duties to be carried out.</p> <p>The report had been considered by the Strategic Commissioning Committee and there had been a long debate regarding Quality Committees and the need for Place Committees to continue. Going forward an ICB Quality Committee would be formed and Place Chairs will be invited to join.</p> <p>The Chair confirmed that five new Non Executive Members had recently been</p>	

	<p>appointed to the ICB Board. He also advised that concerns had been raised with David Flory and Andrew Bennett regarding the delay in the appointment of the Place Leader and Chair, confirming that the Place Leader appointment would be advertised w/c 28 February with a view to being in post by April.</p> <p>He was pleased to confirm positive feedback from both Governing Bodies regarding members willingness to continue for the next three months. The ICB had suggested slimming down meetings were possible and it was therefore proposed to hold GB meetings in April and June, noting that a similar approach may be adopted by the Primary Care Committee.</p> <p>The Chair referred to concerns regarding staff welfare, particularly the uncertainty regarding roles going forward, highlighting the need to support our staff during this uncertain time.</p> <p>Dr Robinson also made reference to the appointment of the Place Leaders, advising that Mr Burgess has been consistent in raising this for some time and felt that his concerns had been heard.</p> <p>It was recognised that the Government had concerns in enacting policies that have not yet been formally agreed and it was important to continue to work on the things we are certain about.</p> <p>In response to Mr Hinnigan's enquiry regarding the timescales for receipt of the Financial Framework and Scheme of Delegation, Mrs Hollis advised that work had commenced but the timeframe for completion was yet unknown. Mrs Atkinson was also involved in this work and confirmed that work was underway on the third model constitution for the ICB with some significant changes and caveats being worked through to determine where some functions will sit. Work is progressing but not all interdependencies are in place to finalise by 31 March 2022.</p> <p>ACTION: Update to be provided to the next meeting, anything received earlier would be shared in advance.</p> <p>22:009.2 Remaining GB Meetings</p> <p>Mrs Atkinson referred to the slides shared with the agenda for information, which provided a summary of the focus of the last four meetings of the Governing Bodies. The dates from April 2022 were confirmed as :</p> <ul style="list-style-type: none"> ▪ Wednesday 27 April – a verbal update on the draft Accounts submission would be provided at this meeting. ▪ Wednesday, 22 June – endorse the accounts on the last day of submission for Annual Report and Accounts, prior to the last week of the CCGs. <p>Both meetings would be scheduled for two hours and would be held in public and diary invites would be circulated to Members.</p> <p>The Chair hoped it would be possible to hold the June meeting in person.</p> <p>RESOLVED: that Members receive the report and support the additional dates and way forward as outlined.</p>	<p>KH/DA</p> <p>AH</p>
22:010	CCG Closedown	

	<p>Mrs Hollis provided an update confirming that activities continue at pace across all the domains. The ICS view is to continue where possible and practicable within the due diligence framework, to try to achieve as many close down tasks by 31 March, to allow staff to transition into new roles. It was recognised this is easier in some areas than others.</p> <p>From a Finance viewpoint, closedown activities will form part of the three month hard close, noting the Finance Team will have to manage two year ends in the space of three months, adding a significant amount of work to these portfolios.</p> <p>She advised that more work was being added into workplans due to the three month delay. Work was also ongoing to streamline some of the quality functions to align with a single Quality Committee. Staff with temporary contracts have had their contracts extended to 30 September and are undertaking actions once where possible. On behalf of the CCGs, the CSU has undertaken a review of all CCGs clinical policies.</p> <p>Spot checks against delivery of the due diligence framework are now taking place and MIAA have been commissioning to provide some assurance into CCG closedown, requesting evidence to confirm that tasks have been completed.</p> <p>She advised that updates would continue to be presented to Audit Committees in relation to specific details and the Finance Transition Group continued to meet on a monthly basis.</p> <p>RESOLVED: that Members receive the report.</p>	
<p>22:011</p>	<p>Staff Welfare</p> <p>Dr Richard Robinson, Chair of East Lancashire CCG referred to discussions regarding staff welfare in recent meetings and the report presented by Mrs Lord outlining how organisations are supporting staff as a system as part of this current changes.</p> <p>Staff welfare is at the forefront of everyone’s mind when leading a team and leaders recognise the pressures on everyone over last two years. It was recognised the context has changed recently and current roles and future careers are at stake. He felt it was important for GB members to recognise the work pressures, with staff working longer days when their own professional future seems uncertain. He expressed his gratitude across both organisations to all staff for continuing in a professional way on behalf of the population.</p> <p>It was also important to recognise how the changes are impacting on the lives of our Executive Team, which can be mirrored with other CCGs across the patch. He said the key step is to start to reduce as many uncertainties as we can for the future, and it is positive that we are moving on with Place appointments.</p> <p>He highlighted the importance of having some meaningful interests and taking regular exercise to maintain our own physical and mental health.</p> <p>On behalf of the Governing Bodies he wished to thank all staff for their continued work, recognising that we very much value the work ongoing on behalf of the population during this period of transition and moving forward with new ways or working.</p>	

	<p>The Chair confirmed that Dr Robinson spoke on behalf of all members. He wished everyone well with best wishes for the future.</p>	
<p>22:012</p>	<p>Quality & Performance Report</p> <p>The report was presented for information. Mr Hinnigan made the following observations :</p> <ul style="list-style-type: none"> ▪ Endoscopy : The waiting list at ELHT is now over 3000, which has doubled in the last two years with consistent deterioration in performance, which is a concern. ▪ The total waiting across the patch was 30% higher in November 2021 than February 2020. Over 52 week waiters 8,800 and still increasing, 864 in excess of 104 weeks. ▪ Recovery : Electives 87% in early January, 600 fewer patients per week prior to the pandemic. Out Patients 85% 1100 patients per week. When are we aiming to be at 100%, coming out of the pandemic. ▪ Para 6.3.16 (pg 34) – reference to potential harm to patients and that no harm has been identified on any long waiters. He found it difficult to believe the statement that no harm to any patient been identified. ▪ Non Covid mortality levels - how do they compare to pre pandemic and is any work being done on non covid mortality levels. <p>It was agreed the points made would be forwarded to Mr Parr and Mrs Lord to provide a response to Mr Hinnigan, with a copy to all members to keep them updated.</p> <p>Dr Dziobon welcomed the scrutiny and questions raised. He referred to the reference to long waiters, pointing out it is not just about the numbers of patients waiting, but who gets seen first. He felt there is a need to consider this in a more meaningful way and was keen to ensure there is a process that identifies those with a clinical need are seen early. He pointed out the whole system is under pressure. The community response and the development of the virtual ward is fundamental to recovery, and will improve flow into the hospital to ensure those people waiting are seen in a more sophisticated way. He felt this to be a significant risk going into the future.</p> <p>Reflecting on some of the points raised, Mrs Hollis provided feedback following attendance at a recent meeting of NW Senior Leaders:</p> <ul style="list-style-type: none"> ▪ With reference to Endoscopy, it was acknowledged that numbers have increased significantly over recent weeks, as patients are coming back for diagnostics. PL has a Community Diagnostic Hub in Rossendale and this is supporting some of the backlog. ▪ Planning guidance is very specific on the ambition that there should be no patients waiting more than 104 weeks after July 2023. Activity plans submitted show that LSC we have an ambition to achieve this trajectory. There was also an ambition to eliminate all 52 week waiters by March 2025. <p>Dr Sharma advised that data is available regarding face to face appointments in primary care and asked if data was available for secondary care to understand how many appointments are being delivered in this way. He had concerns that referrals and investigations are being rejected by the Acute Trust, without a means of communication being put in place for the patients to liaise directly with the hospital to discuss the position rather than coming back to the GP. He felt</p>	

	<p>this would support primary care workload if a Patient Co-ordination Cell was in place.</p> <p>Dr Robinson referred to the Elective Recovery Programme, providing assurance that work is underway to ensure patients are being seen. This work is being reviewed by KPMG to understand how people are listed. The general feel was it should not be left to providers to prioritise, but this should be undertaken by CCGs or the ICB from 1 July 2022.</p> <p>Dr Dziobon provided assurance that things are being done in the right way with daily dialogue with the Trust. He felt the questions raised are pertinent, however there is a need for challenge regarding the quality of services to understand how this is going to be meaningful going forward, if the Place leaders does not have the leverage. He considered the Acute Trust has a good leadership team and is a top performer, taking into account the flow and numbers they are dealing with, they do a good job and have a positive culture.</p> <p>The Chair highlighted the importance of Quality Committees continuing at Place, to ensure the quality of our services locally and he would argue for these to continue going forward.</p> <p>ACTION:</p> <ul style="list-style-type: none"> ▪ Points made by Mr Hinnigan to be shared with Mr Parr & Mrs Lord to provide a written response to Mr Hinnigan cc: GB Members ▪ Feedback on points raised by Dr Sharma. ▪ Quality Committees continuing at Place to be included in the letter from the Chairs and Dr Higgins to the ICB. <p>RESOLVED: that Members receive the report.</p>	
22:013	<p>ICC Decisions</p> <p>The report provided a log of key decisions taken by the Pennine Lancashire CCGs Incident Command Centre for the period 10 December to 14 February 2022.</p> <p>RESOLVED: that Members receive the report and support the decisions made.</p>	
22:014	<p>Sub Committee Report</p> <p>The report provided members with minutes of the Sub Committees of the Governing Body for receipt, together with Stakeholder Group minutes for information.</p> <p>RESOLVED: that Members receive the report.</p>	
22:015	<p>Any Other Business</p> <p>Items for Inclusion on the Corporate Risk Register There were no additional items for inclusion on the Corporate Risk Register.</p> <p>The Chair thanked everyone for their input to a very useful meeting. There was no further business and the meeting closed at 2:55pm</p>	
22:016	<p>Date & Time of Next Meeting</p>	

	The next meeting of the Governing Body was confirmed as Wednesday, 23 March 2022 at 1pm via Microsoft Teams.	
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