

Public Document Pack

Blackpool Council

28 January 2015

To: Councillors Benson, D Coleman, Elmes, Mrs Henderson MBE, Hunter, H Mitchell, M Mitchell, Owen and Stansfield

Co opted Members

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Thursday, 5 February 2015 at 6.00 pm
in Committee Room A, Town Hall, Blackpool FY1 1GB

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Services in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 11TH DECEMBER 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 11th December 2014 as a true and correct record.

3 PUBLIC SPEAKING (Pages 7 - 10)

To consider any applications from members of the public to speak at the meeting.

4 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST (Pages 11 - 14)

To receive a verbal update report regarding the Pharmacy at Blackpool Victoria Hospital.

5 BLACKPOOL CLINICAL COMMISSIONING GROUP (Pages 15 - 30)

To consider an update report from Blackpool Clinical Commissioning Group, regarding Primary Care Co-Commissioning.

6 LANCASHIRE CARE NHS FOUNDATION TRUST, QUALITY ACCOUNT (Pages 31 - 52)

To consider a presentation from Lancashire Care NHS Foundation Trust, on the preparation of its Quality Account for 2014/15.

7 NHS DENTAL SERVICES IN BLACKPOOL (Pages 53 - 56)

To receive a verbal update report regarding the delivery and future plans for NHS dental services in Blackpool.

8 BLACKPOOL HEALTH AND WELLBEING BOARD (Pages 57 - 62)

To consider the minutes from the meeting of the Health and Wellbeing Board on 3rd December 2014.

9 COMMITTEE WORKPLAN

To consider the Committee Workplan for the remainder of the 2014/2015 Municipal Year.

10 DATE OF NEXT MEETING

To note that the date of the next meeting will be confirmed at Annual Council on 22nd May 2015.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Steve Sienkiewicz, Democratic Services, Tel: (01253) 477123, e-mail steve.sienkiewicz@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER 2014

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman Hunter Elmes Stansfield

Benson Owen H Mitchell

In attendance:

Dr A Thornton and Mr A Rose, Lancashire Care NHS Foundation Trust.

Dr R Morgan and Mrs P Oliver, Blackpool Teaching Hospitals NHS Foundation Trust.

Ms L Donkin, Public Health Specialist, Blackpool Council.

Mr S Boydell, Senior Public Health Analyst, Blackpool Council.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Ms B Charlton, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

2. MINUTES OF THE MEETING HELD ON 6th NOVEMBER 2014

The Committee agreed that the minutes of the meeting held on 6th November 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

The Committee received a presentation from Dr R. Morgan, Mortality Reduction Lead at Blackpool Teaching Hospitals NHS Trust. The presentation was focussed on mortality

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER 2014

rates at the Trust and what was being done to achieve reductions, in an area that had recorded historically high mortality indicators.

Dr Morgan explained that in 2012, the Trust had invited the Advanced Quality Alliance (AQUA) to conduct a 'deep dive', in order to examine anything that might have contributed to mortality rates within its area. This was superseded with and merged with the Keogh action plan, which in turn had been replaced with the Care Quality Commission (CQC) action plan.

The Committee was informed of the varying mortality indices that were taken into account when calculating mortality rates. Additionally, since July 2013, clinical pathways had been introduced to take into account the best possible evidence. The Trust had also dramatically improved its coding methodology. Palliative care coding, which the Trust used as a national outlier, still showed the Trust below both the North West and national average, although its rate of improvement was going up, which was an encouraging sign.

Dr Morgan responded to a number of questions from the Committee. On the subject of whether improved coding had led to better healthcare, he explained that there had been some component success stories and that there had been a big impact on pathways that were wholly attributable to clinical care.

Regarding how the Trust learned from experiences, Dr Morgan informed the Committee that as an aspiration, the Trust scrutinised all deaths at consultant level. He explained that some of those would, of course, be expected, but where survival was expected or probable, the scrutiny would be undertaken in much more detail. The Trust was seeking to achieve learning opportunities at all levels and this included collaborative working with other Trusts which had achieved positive results for mortality rates.

The Committee agreed to note the presentation and report.

Background papers: None.

5. THE HARBOUR

The Committee received a report and presentation from Dr A. Thornton and Mr A. Rose of Lancashire Care NHS Foundation Trust, on progress in relation to the construction and commissioning of the Harbour in-patient mental health unit.

Members were informed that construction work had commenced in April 2013 and was being undertaken by Integrated Health Projects, an organisation recognised as being a leading provider of outstanding healthcare solutions. The building was completed in November 2014 and was now being fitted out, in readiness for commissioning in March 2015.

Mr Rose provided the Committee with details of the specifications of the Harbour, which had been designed to be a welcoming and calm environment and not to look like a typical hospital. It would have 154 beds across 10 suites and each ward was being named after a famous author.

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER 2014

The Committee was shown a video presentation which fully explained the interior layout and functions of the new building.

Mr Rose and Dr Thornton answered a number of questions from the Committee. Regarding security, it was explained that The Harbour was not designed to be a secure unit, but there would be security. Each service user would be risk assessed and there would be controlled access from reception into the corridors and then additional access points onto the wards. On the subject of smoking on site, Dr Thornton informed the Committee that guidance from the National Institute of Clinical Excellence (NICE) had mandated that smoking should not be allowed from 5th January 2015. She explained that there were numerous factors to consider in relation to a site such as The Harbour and she was not sure that the Trust was ready to implement the guidance. At this stage, it was unclear how the NICE guidance would be responded to.

It was confirmed that the café at the Harbour would be operated by Richmond Fellowship and would be open to visitors and the general public. It would also be available to service users where possible, as they approached the end of their residential care period.

The Committee agreed to note the presentation and report.

Background papers: None.

6. LIFE EXPECTANCY AND PREMATURE MORTALITY RATES IN BLACKPOOL

The Committee received an update report on life expectancy and premature mortality rates in Blackpool. The report was presented by Mr S. Boydell and Mrs L Donkin, Public Health Specialists at Blackpool Council.

Members were informed that Blackpool continued to present the lowest life expectancy statistics in the country for males and the second lowest for females. It was also quite clear that within the town, average life expectancy decreased considerably within areas that were close to the town centre, which correlated with the areas of highest deprivation. Blackpool's population also led much shorter periods of healthy lives compared to the national average.

The Committee was presented with evidence which showed that behavioural patterns and lifestyle played a 40% proportional contribution to premature death. Healthcare, at 10%, although important, played a proportionately small role in preventing early deaths. The remaining factors were genetic predisposition at 30%, social circumstances at 15% and environmental exposure at 5%.

The Committee was informed of the actions and interventions being taken to increase life expectancy, which were explained as follows:

Shorter term actions:

- Secondary prevention for cardiovascular events
- Additional treatment for hypertension
- Warfarin for atrial fibrillation in the over 65s

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER 2014

- Improving management of diabetes
- Treating cardiovascular disease risk among chronic obstructive pulmonary disease patients
- Reducing smoking in pregnancy
- Reducing harmful alcohol consumption
- Increasing rates of early prevention for lung cancer
- Providing stop smoking interventions
- Reducing excess winter deaths, e.g. through warmer homes initiatives
- Providing flu vaccinations for those with existing health conditions

Medium and longer term actions:

- Addressing key lifestyle factors, including smoking, alcohol and drug misuse, excess weight, physical inactivity.
- Modifying the social determinants of health, including worklessness, poor housing, poverty, poor educational attainment.

In conclusion, an update was given to the Committee on current activities that were underway, including the Better Start Programme, the Health and Wellbeing Board Strategy and action plans (which included Mental Health, Healthy Weight, Tobacco and Alcohol) and the Council's strategies and work plans (which included the Child Poverty Strategy, the Welfare Reform Action Plan, the Homeless Strategy and the work being undertaken on mental health and worklessness).

The Committee agreed to note the content of the report.

Background papers: None.

7. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board that took place on 22nd October 2014.

The Committee agreed to note the minutes.

8. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

9. DATE OF NEXT MEETING

The Committee noted the date of the next meeting as Thursday 5th February 2015 at 6.00 p.m.

**MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER
2014**

Chairman

(The meeting ended at 7.55 pm)

Any queries regarding these minutes, please contact:
Steve Sienkiewicz, Scrutiny Manager.
Tel: 01253 477123.
E-mail: steve.sienkiewicz@blackpool.gov.uk

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Report to:	HEALTH SCRUTINY COMMITTEE
Item number	3
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

PUBLIC SPEAKING

1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 At the meeting of full Council on 29th June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Health Scrutiny Committee.

5.2 General

5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee, the Scrutiny Committee and the Health Scrutiny Committee.

With regard to Council, Scrutiny and Health Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

5.3 Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting

5.3.1 A person wishing to make representations or otherwise wish to speak at the Scrutiny Committee or Health Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee or Health Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting

- 5.4.1
- 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
 - 2) if it is factually inaccurate;
 - 3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
 - 4) if it refers to legal proceedings in which the Council is involved or is in

contemplation;

5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and

6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

Report to:	HEALTH SCRUTINY COMMITTEE
Item number	4
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

1.0 Purpose of the report:

1.1 The Committee to receive a verbal update report regarding the Pharmacy at Blackpool Victoria Hospital.

2.0 Recommendation(s):

2.1 To ask questions and make recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Members from the Trust will be in attendance at the meeting to deliver the report

and address any questions.

5.2 Witnesses/representatives

5.2.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Alastair Gibson, Director of Pharmacy, Blackpool Teaching Hospitals NHS Trust.

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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Report to:	HEALTH SCRUTINY COMMITTEE
Item number	5
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

BLACKPOOL CLINICAL COMMISSIONING GROUP

1.0 Purpose of the report:

1.1 The Committee to consider an update report from Blackpool Clinical Commissioning Group, regarding Primary Care Co-Commissioning.

2.0 Recommendation(s):

2.1 To scrutinise the report, asking questions and making recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Co-Commissioning of Primary Care Services

5.1.1 The Committee will receive an update report on the proposals for the Co-Commissioning of Primary Care Services.

5.2 Witnesses/representatives

5.2.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Dr Amanda Doyle, Blackpool Clinical Commissioning Group.
- Mr Roy Fisher, Blackpool Clinical Commissioning Group.

Does the information submitted include any exempt information?

No

List of Appendices:

1. Appendix 5a, Primary Care Co-commissioning Application for Full Delegated Responsibility.
2. Appendix 5b, Submission proforma for delegated commissioning arrangements.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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Blackpool CCG Governing Body – Part I

13 January 2015

Primary Care Co-commissioning Application for Full Delegated Responsibility

Executive Summary

Introduction

Governing Body members will recall approving the recommendation on 2 December 2014 for the CCG to make an application for full delegated responsibility of commissioning primary medical services. The process included:

- Review and revising the CCG conflicts of interest policy in light of new NHS England statutory guidance;
- Describing the intended benefits of co-commissioning arrangements;
- Consultation and support of membership practices
- Detail the finance arrangements of the delegated budget; and
- Complete and sign a declaration.

Current Position

The application (Annexe B attached) for full delegated responsibility was submitted to NHS England by 12 noon on Friday, 9 January 2015 and included all the necessary documentation.

The approvals process is to be 'light touch' and will be undertaken by NHS England's programme oversight group. The principles of the approvals will:

- Be conducted openly and transparently and contain no surprises;
- Minimise the administrative demands placed on CCGs and area teams; and
- Ongoing assurance of co-commissioning arrangements will form part of the CCG assurance process.

The oversight group will provide final sign off for delegated proposals in February 2015. Once proposals are approved, the CCG will need to set out its plans as per the 2015/16 NHS planning guidance published in December 2014. Proposals will then be implemented on 1 April 2015.

Recommendation

Governing Body Members are asked to note that the application has been submitted as approved in December 2014.

Steve Gornall
Head of Primary Care Development



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Next steps towards primary care co-commissioning: Annex B

Submission proforma for delegated commissioning arrangements

December 2014 (Final)



Introduction

The following proforma should be completed by CCGs and area teams where a CCG wishes to implement a delegated commissioning arrangement.

Part one is for completion by the CCG. It requires CCGs to:

- review and revise its conflicts of interest management policy in light of new NHS England statutory guidance;
- describe the intended benefits of co-commissioning arrangements;
- detail the finance arrangements of the delegated budget; and
- complete and sign a declaration.

Part two is for completion by the area team. It requires the area team to:

- confirm that the CCG meets the required assurance thresholds;
- confirm that the CCG meets the required conflicts of interest management thresholds;
- confirm that the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements; and
- complete and sign a declaration.

CCGs and area teams are encouraged to take note of the supporting annexes in the *Next steps towards primary care co-commissioning* document, specifically the model wording for constitutional changes (Annex C) and model terms of reference (incorporating the scheme of delegation) for delegated commissioning (Annex F) when completing this proforma.

CCGs and area teams should submit the following to

england.co-commissioning@nhs.net by **noon on Friday 9 January 2015**

1. This form, with parts I and II completed
2. Conflicts of interest policy (draft or ratified version)
3. CCG governance structure, including any terms of reference and scheme of delegation
4. Copy of the CCG's most up to date IG Toolkit
5. CCG constitution or proposed constitutional amendment submitted

Please note that any necessary constitutional amendments should also be sent to the **relevant regional office**.

PART I: TO BE COMPLETED BY THE CCG




A	Conflicts of interest
	<p>CCGs have a statutory requirement to:</p> <ul style="list-style-type: none">• Maintain one or more registers of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees.• Publish, or make arrangements to ensure that members of the public have access to these registers on request.• Make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group, and record them in the registers as soon as they become aware of it, and within 28 days.• Make arrangements, set out in their constitution, for managing conflicts of interest, and potential conflicts of interest in such a way as to ensure that they do not and do not appear to, affect the integrity of the group's decision-making processes. <p>Conflicts of interest, actual and perceived, need to be carefully managed within co-commissioning. New statutory guidance for conflicts of interest management in primary care co-commissioning has been developed in partnership with NHS Clinical Commissioners and with formal engagement of Monitor, HealthWatch and the National Audit Office and was published in December 2014.</p> <p>The guidance includes a strengthened approach to:</p> <ul style="list-style-type: none">• the make-up of the decision-making committee;• national training for CCG lay members;• external involvement of local stakeholders;• register of interest; and• register of decisions. <p>Further detail is also set out in of the conflicts of interest section in the <i>Next steps towards primary care co-commissioning</i> document.</p> <p>The CCG declaration (below) confirms that the CCG has reviewed and revised its conflicts of interest management processes and procedures in light of the new NHS England statutory guidance on managing conflicts of interest to ensure that it meets the requirements.</p>

Submission proforma for delegated commissioning arrangements

	<p>CCGs must attach a copy of its revised conflicts of interest policy.</p> <p>Draft versions will be accepted, although confirmation that the CCG governing body has ratified the updated policy is required by 30 January 2015.</p>
B	<p>CCG supporting statement to describe the intended benefits to patients through delegated co-commissioning arrangements</p> <p><i><maximum 400 words></i></p>
	<p>Delegated responsibility for commissioning supports delivery of our strategic plan, giving us the ability to shift resources into primary care and ensure we are able to design and implement effective incentive systems that enable us to control secondary care spending and reallocate funding to our out of hospital strategies. It gives us the key to successfully implementing our five year strategic plan and shorter term delivery plan to fully integrate primary, community and social care services, including mental health services, within neighbourhoods based around groups of GP Practices and larger population based delivery of care. Extending the role of primary care increases the local offer to our resident population.</p> <p>Our neighbourhood teams will have close links to local community and voluntary services, allowing us to fully realise the benefits of an active voluntary sector and maximise patient and public involvement in developing services for their neighbourhoods which is fully supported by our member practices, Blackpool Council and the Health and Wellbeing Board to improve health outcomes, equity of access and reduced inequalities.</p> <p>Delegated responsibility will enable us to move at pace, removing the barriers which the current commissioning arrangements of multiple, separate commissioners put into the system and ensure formal contractual and financial arrangements are fully aligned. We plan to develop new local enhanced services and take the opportunity to vary existing contracts to deliver our strategy.</p> <p>We will work closely with practices, using robust data to benchmark quality outcomes and, where appropriate, to support practices and neighbourhoods to improve quality, reduce variation and improve the patient experience. We have a track record of using this approach combining regular supply of benchmarked data as well as individual practice visits reviewing clinical outcomes, prescribing information and utilisation of resource.</p> <p>The CCG retained some former PCT staff involved in primary care commissioning who possess the necessary skills, experience and background to take on this challenge. The CCG has an established primary care development work stream within its existing structure which benefits the whole system through primary care expertise and local knowledge to help shape the overall strategy. We have actively engaged constituent practices and have well established means of communication and involvement with Practice Managers, Practice Nurses and GPs. We have discussed the principles of co-commissioning primary care services with practices and have their overwhelming support and confidence of our ability to deliver this.</p>

Submission proforma for delegated commissioning arrangements

C Finance template for delegated budgets: to be completed by CCGs on or before noon on 9 January 2015				
Notes for completing the finance template:				
<ol style="list-style-type: none"> 1. Double click into the table to complete the excel template. 2. Please enter the notified numbers for your CCG. 3. Please enter how you intend to spend the delegated budget in 2015/16. If your proposal is approved you will need to submit the detail of your planned spend as set out in the planning guidance. 4. Please include any additional investment the CCG is planning to make in primary care services from other areas of spend. 				
Enhanced services	1287			1287
QOF	2741			2741
Other GP services	518			518
Primary care NHS property services - GP	750			750
2015/16 growth				0
Sub Total GP services	21787	0	0	21787
	N/A	+	-	+/-
Acute services				0
Mental health services				0
Community health services				0
Primary care services				0
Continuing care services				0
Other care services				0
Sub total CCG programme costs		0	0	0
Total	21787	0	0	21787
Please provide a description in the change in spend detailed above				
<p>Figures provided above are based on information provided by the Area Team. Further work needs to be done to understand the makeup of these figures and to reconcile them with the notified allocation for GP services. The overall plan for 15/16 has not yet been agreed and therefore we are not in a position to identify changes to the primary care spending yet.</p>				

D	CCG declaration
	<p>I hereby confirm that NHS Blackpool CCG membership and governing body have seen and agreed to all proposed arrangements in support of taking on delegated commissioning arrangements for primary medical services on behalf of NHS England for 2015/16.</p> <p>Signed on behalf of NHS Blackpool CCG governing body</p> <p> Name: Roy Fisher Position: CCG Chairman Date: 9 January 2015</p> <p>I hereby confirm that the CCG has in place robust conflicts of interest processes which and have been reviewed in light of the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest, prior to submission.</p> <p>Signed by Blackpool CCG Audit Committee Chair</p> <p> Name: David Edmundson Position: Chairman, CCG Audit Committee Date: 9 January 2015</p> <p>Signed by Blackpool CCG Accountable Officer</p> <p> Name: Dr Amanda Doyle Position: CCG Accountable Officer Date: 9 January 2015</p>

PART II: TO BE COMPLETED BY AREA TEAM

Assurance domains	Current Level
To be pre-populated by Area Team from 2014/15 Q2 data	
Domain 1: Are patients receiving clinically commissioned, high quality services?	
Domain 2: Are patients and the public actively engaged and involved?	
Domain 3: Are CCG plans delivering better outcomes for patients?	
Domain 4: Does the CCG have robust governance arrangements?	
Domain 5: Are CCGs working in partnership with others?	
Domain 6: Does the CCG have strong and robust leadership?	
Additional assurance	
Area team confirms the CCG is capable of taking on delegated functions.	<i>[please tick]</i>
Area team confirms the CCG meets the required conflicts of interest management thresholds in line with the new NHS England statutory guidance.	<i>[please tick]</i>
Area team confirms the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements.	<i>[please tick]</i>
Any additional comments	

Area team declaration

I hereby confirm, on behalf of NHS England, that NHS **[insert name]** CCG meets the required conflicts of interest management, finance and assurance thresholds to proceed with delegated commissioning arrangements.

Signed on behalf of the NHS England [insert name] Area Team

Name:

Position:

Date:

PART III: FOR NHS ENGLAND OFFICE USE ONLY

NHS England Commissioning Committee

This serves as confirmation that, following a meeting of the NHS England Commissioning Committee on **[insert date]**, NHS **[insert name]** CCG has been approved to proceed with delegated commissioning arrangements for 2015/16, having met the required conflicts of interest management, finance and assurance thresholds.

Name:

Position:

Date:

Confirmation of financial arrangements

Signed on behalf of the NHS England

Name:

Position:

Date:

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Report to:	HEALTH SCRUTINY COMMITTEE
Item number	6
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

LANCASHIRE CARE NHS FOUNDATION TRUST, QUALITY ACCOUNT

1.0 Purpose of the report:

1.1 The Committee to consider a presentation from Lancashire Care NHS Foundation Trust, on the preparation of its Quality Account for 2014/15.

2.0 Recommendation(s):

2.1 To scrutinise the presentation, asking questions and making recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Quality Account 2014/15

5.1.1 The Committee will receive a presentation on the preparation of the Trust's 2014/15 Quality Account.

5.2 Witnesses/representatives

5.2.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Anne Allison, Associate Director: Quality & Patient Experience, Nursing and Quality Directorate, Lancashire Care NHS Foundation Trust.

Does the information submitted include any exempt information?

No

List of Appendices:

1. Appendix 6a, Quality Account presentation.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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The Quality Account

Specialist Services

Secure Services

Mental Health

Community Services

Children and Families

What is the Quality Account?

This Quality Account is our report about the quality of services we deliver.

- we describe an account of the quality of services we provided for the period April 2014 to March 2015
- we set out our priorities for improving quality over the coming year from April 2015 to March 2016

Style and Presentation:

The primary audience of the Quality Account is the public

The challenge is:

To present the content in a reader friendly form whilst having to comply with prescribed content as set out in the Regulations for Quality Accounts.

Style and Presentation:

- The design of the Quality Account enables the reader to dip into sections of interest to them
- A summary of the Quality Account is developed as part of the summer 'Voice news' publication

Quality

Quality is about giving people treatments that work (effectiveness), making sure that they have a good experience of care (patient experience) and protecting them from harm (safety). Quality is part of our Trust value of excellence.



Priorities for improvement 2014/15

Priority	Expected outcome/impact
Quality Strategy Implementation	<ul style="list-style-type: none"> • Demonstrating progress following QSEEL identified concerns • QSEEL concerns reflected as risks on team level risk register with actions plans demonstrating quality developments managed through network governance • All teams will have an integrated quality report as part of their electronic team information board including a quality improvement framework
Compliance with harm free care enhanced national priority	<ul style="list-style-type: none"> • Monthly submissions to the Physical Health Safety Thermometer (applicable services) • Achieve the improvement target in relation to pressure ulcer care • Implementation of the pilot Harm Free Care mental health programme
All teams will seek the views of service users and carers to inform quality improvements	<ul style="list-style-type: none"> • implementation across the organisation of the Friends and Family test in accordance with the Trust's project plan and in line with National guidance

Effectiveness



Quality Improvement Framework model 2014/15

Network:

Clinical team

QSEEL team identifier

What do you want to improve?	How are you going to measure it?	Quality Domain	Quality Drivers	Data source	
Systems, processes and practices are developed and improved to ensure patient safety.			Safety Is care safe?	CQC Outcomes; NICE guidelines/Quality Standards. Other service specific quality drivers.	





When quality improvement is part of a team's culture. What do we feel?

Safety:

What is harm Free Care?

- Encourages organisations to stop dealing with safety issues in silos and aim for the absence of all five harms to each and every patient.
- Supports improvements in patient care and patient experience
- Prompts immediate actions by healthcare staff

Harm free care encompassing

- Self-harm
- Perception of Safety
- Victim of Violence
- Medication Omission
- Restraint (inpatient only)

Experience:

The Friends and Family test

- ‘How likely are you to recommend our <service, ward, unit>to friends and family if the needed similar care or treatment’
- “would you have confidence in our service treating your friends or family if they needed similar care or treatment”
- “If a finally member or friend had a mental illness would you be happy for them to come to’
- Please tell us how likely are you to recommend our service to someone you care about?

Patient Experience Questionnaire



Location / Team Name _____
 Service: OLDER ADULT MH Date: __ / __ / ____ (dd/mm/yyyy)

We would like you to think about your experience in our service during this period of treatment

Please mark the appropriate box

Completed By: Service User Carer Parent / Guardian

Not Completed: Offered Declined Offered SU unable to complete

1. Did you feel that your views or wishes were considered in the planning and delivery of your care?

At All Times Most of the Time Sometimes Rarely Never

2. How often did staff treat you with courtesy and respect?

At All Times Most of the Time Sometimes Rarely Never

3. Did you feel able to access staff when you needed to speak to them?

At All Times Most of the Time Sometimes Rarely Never

4. Would you have confidence in this team treating you again if you needed it in the future?

At All Times Most of the Time Sometimes Rarely Never

5. If a friend or family member was unwell would you be happy for them to be treated by this service?

- Extremely Likely
- Likely
- Neither Likely nor Unlikely
- Unlikely
- Extremely Unlikely



In year development

- Regular progress updates in relation to the priorities and the emerging data picture
- In year communications with OSC,s Healthwatch and Commissioners
- Regular communications with Clinical Directors to gather examples of quality improvement stories
- Promotion of the opportunity to share good practice examples at Leading for Quality Events with clinical leaders

Next steps

- Copies of the draft Quality Account to be sent to Greater Preston Healthwatch, Overview and Scrutiny Committees, Lead Clinical Commissioning Groups on 1 April 2015 for return of comments by 30 April 2015
- Testing of indicators by the external auditors KPMG for completion mid April

- The Quality Account is signed off by Audit Committee and the Board of Directors by the end of May 2015 .
- The Annual Report including the Quality Account is submitted to Monitor early June 2015.
- Copy of Quality Account to Secretary of state and publication on Trust website and on NHS choices website & e-mail to DOH by end of June 2015

- Upload Limited Assurance and Auditors report to governors by the 28th June 2015 to the Monitor portal and post first class before last post on the 28th June 2015
- Publish and promote Quality Account Summary in Voice News August 2015



Report to:	HEALTH SCRUTINY COMMITTEE
Item number	7
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

NHS DENTAL SERVICES IN BLACKPOOL

1.0 Purpose of the report:

1.1 The Committee to receive a verbal update report regarding the delivery and future plans for NHS dental services in Blackpool.

2.0 Recommendation(s):

2.1 To ask questions and make recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 A representative from NHS England (Lancashire Area Team) will be in attendance at

the meeting to deliver the report and address any questions.

5.2 Witnesses/representatives

5.2.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Martin Clayton, Commissioning Director, NHS England – Lancashire.

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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Report to:	HEALTH SCRUTINY COMMITTEE
Item number	8
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	5 th February 2015

BLACKPOOL HEALTH AND WELLBEING BOARD

1.0 Purpose of the report:

1.1 The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 3rd December 2014.

2.0 Recommendation(s):

2.1 To note the minutes, identifying any issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is kept fully informed of the Health and Wellbeing Board's plans and actions and that any opportunities for recommendations or joint working are identified.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Attached at Appendix 8a are the minutes from the meeting of the Blackpool Health and Wellbeing Board that took place on 3rd December 2015.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 8a, Health and Wellbeing Board minutes 3rd December 2015.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 DECEMBER
2014**

Present:

Dr Amanda Doyle, Blackpool Clinical Commissioning Group, in the Chair

Councillors Clapham and Collett

David Bonson and Roy Fisher, Blackpool Clinical Commissioning Group

Gary Doherty, Chief Executive, Blackpool Teaching Hospitals NHS Trust

Richard Emmess, Blackpool Council for Voluntary Services

Dr Arif Rajpura, Director for Public Health, Blackpool Council

Joan Rose, Blackpool Healthwatch

In Attendance:

Lennox Beattie, Executive and Regulatory Support Manager, Blackpool Council

Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council

Merle Davies, Head of Early Help for Children and Families, Blackpool Council

Andy Roach, Blackpool Clinical Commissioning Group

Apologies:

Councillors Blackburn and I Taylor

Delyth Curtis, Director of People Blackpool Council

Jane Higgs, NHS England

Ian Johnson, Blackpool Teaching Hospitals NHS Trust

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 22ND OCTOBER 2014

Resolved:

That the minutes of the meeting held on the 22nd October 2014 be agreed as a correct record.

3 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received an update on the work of the Strategic Commissioning Group including the minutes of the meeting held on the 6th November 2014.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 DECEMBER 2014

It noted a number of key actions from that meeting were dealt with elsewhere in the agenda including the Better Care Fund, Better Start and HeadStart and the development of new models of care.

Resolved:

That the update on the Strategic Commissioning Group be noted.

4 PRESENTATION ON THE BETTER START AND HEADSTART INITIATIVES

Merle Davies, Head of Early Help for Children and Families- Blackpool Council, provided a presentation to the Board on the Better Start and Headstart initiatives.

She explained that both initiatives were funded by the Big Lottery fund but were separate.

The Better Start initiative was underpinned by the Better Start Partnership lead by the NSPCC with the key partners being the Council, the Police and the NHS. The scheme was funded by £45 million over ten years to deliver transformed services for 0-3 year olds. The strategy had four key components: A public health approach - shifting the curve for the whole population, Evidence based interventions - providing more intensive help for those who need it, Systems transformation - building shared understanding and shared action and Building and sharing learning - creating the Blackpool Centre for Early Child Development.

In terms of HeadStart this was a pilot programme lead by the Council to aim to increase resilience amongst 10-14 year old. The Council had been selected as one of ten authority areas which had been funded with £500,000 to undertake a pilot until December 2015 and then have the opportunity to submit a further bid for a project over the next five years.

Resolved:

To note the presentation on Better Start and HeadStart.

5 END OF LIFE UPDATE

The Board received an update presentation on End of Life care from Catherine Smith, Blackpool Clinical Commissioning Group.

The presentation included details of initiatives within the last year including the Hospice at Home pilot, Care of Dying pathway and Standards for Care Homes.

Resolved:

To note the update on initiatives for End of Life Care.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 DECEMBER
2014**

6 BETTER CARE FUND

Andy Roach, Blackpool Clinical Commissioning Group, provided an update to the Board further to the last meeting on the development and submission of the Better Care Fund.

It was highlighted the previously submitted version of the Plan had been approved with conditions by the Department for Health. Work had taken place with partners and in consultation with the Government towards a resubmission which had recently taken place.

Resolved:

1. To note the update presentation.
2. To note the revised submission of the Better Care Fund.

7 DEVELOPMENT OF NEW MODELS OF CARE- EXTENSIVIST

The Board received an update on the development of the extensivist model of care from Andy Roach, Blackpool Clinical Commissioning Group.

The Board was reminded of the principle behind the development of the new model of care centred around a single point of access for services provided both by clinicians and non-clinicians providing co-ordinated and pro-active care. The objective being to allow patients to manage their own health condition and by extension being empowered to improve their own health and wellbeing. Regular contact would take place with a healthcoach would make the service feel very different from at present while delivering fewer unnecessary outpatient consultants and investigations, and fewer planned and unplanned hospital admissions.

It was noted that Phase 1 of implementation would be comprised of two services, at Lytham and Moor Park primary care centres, each serving between 500-600 patients.

Resolved:

To note progress to date on the development of new models of care.

8 CHILDREN'S IMPROVEMENT BOARD UPDATE

Merle Davies, Head of Early Help for Children and Families, provided an update to the Board on the Children's Improvement Board.

Merle explained that the Board had been created as a response to the notice to improve and the Department for Education intervention following the Ofsted Inspection of Children's Safeguarding in July 2012 when the service was deemed inadequate.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 DECEMBER 2014

The Board developed an improvement plan which subsequently developed into a transition plan in November 2013.

On re-inspection by Ofsted in July 2014, the service was judged to require improvement so that the Children's Improvement Board had developed an Improvement Plan.

The plan aimed to address 6 key areas:

1. Performance Management
2. Quality Assurance
3. Improving Front Line
4. Partnership Working
5. Scrutiny
6. Communications

Resolved:

1. To note the report.

2. To agree that the actions identified in the plan are the right ones to deliver the improvements required by Ofsted

3. To support the proposals for future arrangements, including the recommendation that the Children's Partnership takes responsibility for monitoring the overall progress of the plan and reporting back to the Health and Wellbeing Board as appropriate.

9 DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

28th January 2015

4th March 2015

10th June 2015

Chairman

(The meeting ended at 4.50pm)

Any queries regarding these minutes, please contact:
Lennox Beattie, Executive and Regulatory Manager
Tel: 01253 477157
E-mail: Lennox.beattie@blackpool.gov.uk