

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF ANNUAL GENERAL MEETING
Tuesday 01 November 2016, 16:00
Stricklandgate House, 92 Stricklandgate, Kendal, LA9 4PU

Present: **Members of the Governing Body**

Hugh Reeve	Clinical Chair (HR) (Chair)
Ruth Gildert	Registered Nurse (RG)
Peter Scott	Lay Member (Finance & Governance) (PS)
Charles Welbourn	Chief Finance Officer (CW)
Kevin Windebank	Lay Member (Secondary Doctor) (KW)

CCG Officers

Stephen Childs	Chief Executive (SC)
Julie Clayton	Head of Communication & Engagement (JC)
Paul Day	Communications & Engagement Officer (PD)
Rebecca Ware	Senior Management Assistant (RW)

Members of the Public

Antonia Allen	Olivia Monchieff
David Athey	Zander Monchieff
Ethan Butler	B Nash-Williams
Lorraine Crossley	Mark Nash-Williams
Josephine Dickinson	Dick Philips
Heather Dodd	Adrian Rush
Richard Glover	Karen Rush
Sarah Glover	Gillian Simpson
M Johnson	Jean Simpson
Shirley Johnson	Jonathan Smith
Jane Manyes	Alex Struthers
Alix Martin	Pat Struthers
Lewis Monchieff	

AGM 01/15 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting and the following Officers introduced themselves:-

- Dr Hugh Reeve – Clinical Chair
- Stephen Childs – Chief Executive
- Charles Welbourn - Chief Finance Officer

Apologies were received were received from:-

- Dr David Rogers – Medical Director
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- Peter Rooney – Chief Operating Officer
 - Caroline Rea – Network Director – North Cumbria
 - Anthony Gardiner – Network Director – South Cumbria
 - Dr Rachel Preston – GP Lead – Eden
 - Jon Rush – Lay Member (Public Engagement)
 - Les Hanley – Lay Member (Health Improvement)
 - Brenda Thomas – Governing Body Support Officer
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AGM 02/15 AGENDA ITEM 02: Minutes of the Annual General Meeting held on 07 October 2015

The minutes of the meeting held on 07 October 2015 were approved as a true record.

AGM 03/15 AGENDA ITEM 2: The Annual Report 2015/16 and The Annual Accounts 2015/16

The Chair advised that the CCG was:

- A Membership Organisation consisting of 72 Member Practices in Cumbria and one in North Yorkshire
- Six Localities across the County: Allerdale, Carlisle, Copeland, Eden, Furness and South Lakes
- Budget of c£729m – serving over half a million people
- Responsible for commissioning the majority of healthcare services to meet the needs of the population

In response to these issues, the CCG focus was working in partnership with all our local Stakeholders to support the following four major programmes of work:

- Better Care Together – national Vanguard site
- Together for a Healthier Future – subsequently part of the Success Regime
- General Practice Development programme
- Mental Health Strategy

All of which were underpinned by the CCG's Five Year Strategic Plan.

The following performance improvements in clinical care were highlighted:

Improvement in delivery of the 21 Expected Rights & Pledges:

- March 2015 : 5/21 standards achieved
- March 2016: 7/21 standards achieved
- August 2016 (latest data): 11/21 standards achieved

Improvement in cancer services:

- As of August 2016, six of the eight cancer standards were being achieved at North Cumbria University Hospitals Trust (NCUHT), with the main 14 and 62 day standards being achieved
- The diagnostic standard of no patient waits longer than 6 weeks is also being achieved after a very long period of failure

Urgent & Emergency Care continues to be challenging with high levels of activity and severity of illness, and pressure on social care.

The following Improvements in our organisation were highlighted:

- University Hospitals Morecambe Bay Foundation Trust is no longer in special measures
- North Cumbria University Hospital Trust has seen major improvements, however, continues to be in special measures
- Cumbria Partnership Foundation Trust requires improvement, with many areas rated as good
- General Practice achieved higher than average ratings by the CQC as outstanding and good
- Care Home Sector challenges continue around quality within a number of homes

One of the priorities for Cumbria CCG going forward has been the boundary change, which would see North, East and West Cumbria form North Cumbria CCG and South Cumbria and North Lancashire form Morecambe Bay CCG.

Charles Welbourn (CW) gave a presentation on the Accounts & Financial Review for 2015/16 highlighting the following key points:

- Accounts prepared on common basis for all CCGs nationally
- Prepared on a “going concern” basis
- Received Unqualified Audit Report: The accounts show a true and fair view of the CCG’s finances for 2015/16
- The CCG received no capital resources during 2015/16 – and incurred no capital expenditure
- Finished the financial year with an operational surplus of £50,000

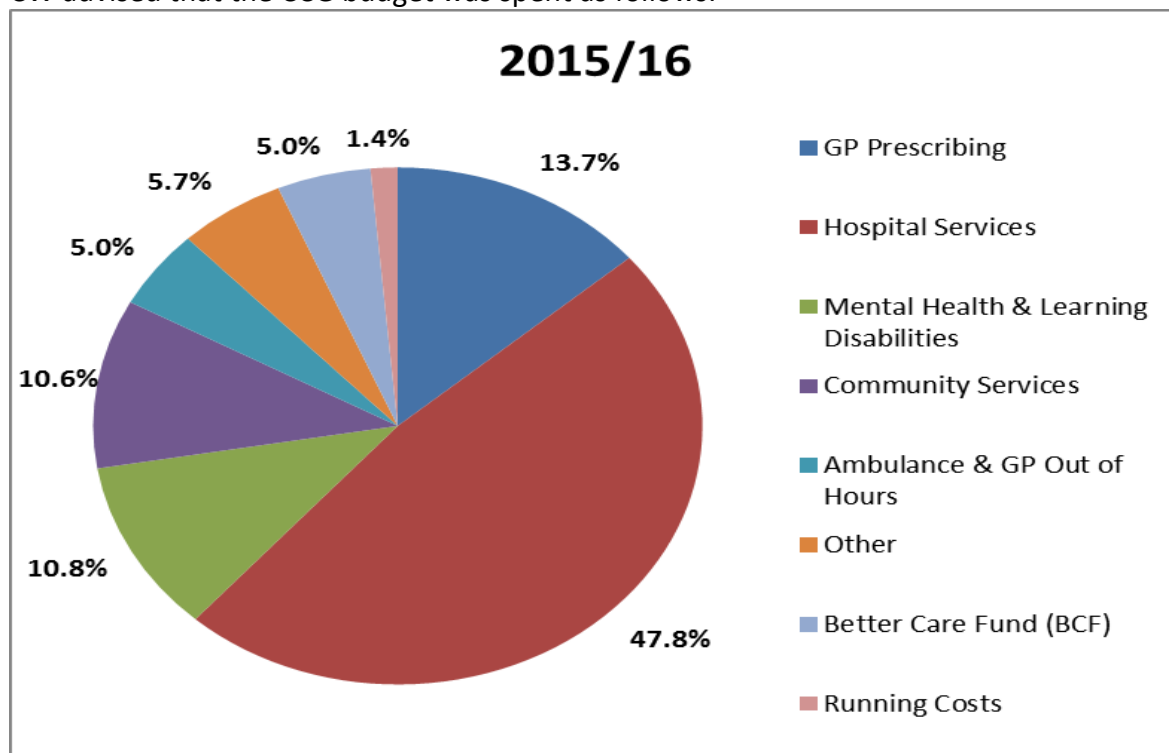
He also advised that the CCG achieved the following targets:

- Revenue Resource use not to exceed amount specified in Directions
- Administration resource not to exceed amount specified in Directions
- Capital Resource use not to exceed amount specified in Directions
- Better Payments Practice Code

CW outlined a background to the CCG's finances as follows:

- Allocation of circa £730 million for health care for c500,000 registered patients
- Separate running cost allowance (per capita) of £11.4million compared to £13.4million in 2014/15
- Achieved a surplus of £50,000 in 2015/16 in line with revised financial plan agreed with NHS England
- Target surplus revised to reflect impact of local tariff modification at University Hospitals of Morecambe Bay that utilised £5 million surplus brought forward

CW advised that the CCG budget was spent as follows:



CW then outlined the significant financial challenges as follows:

- Hospital activity significantly greater than expected, both in terms of emergency admissions and waiting list activity
- New for 2015/16 was the "Better Care Fund": c£36million in total spent with Cumbria County Council
- Increased pressures of nearly £3million in Primary Care Prescribing
- £3.2million contributions to NHS England Continuing healthcare risk pool scheme
- On-going work to address system pressure through Better Care Together (South Cumbria) and the Success Regime (WNE Cumbria), with new proposed arrangements for commissioning going forward

AGM 04/15 **Questions from Members of the Public present**

Lesley Crossley;

What Services in the future are going to be developed for border surgeries

Dr Hugh Reeve explained that Bentham Practice borders 3 CCG's, originally elected to join Cumbria CCG and has now elected to become part of Morecambe Bay CCG. Changes were being made under the Better Care Together Fund and there would be opportunities to join this up in the future. Charles Welbourn highlighted that contracts were held between

Cumbria CCG and trusts within the North Yorkshire Region.

Jean Simpson;

What is the current & future status of Neuro-rehabilitation services in Cumbria?

Mrs. Simpson raised several issues about the care and treatment of her daughter Jodie Simpson, in particular the legal process around the Court of Protection Order. Mrs. Simpson spent time outlining her concerns and Dr Hugh Reeve listened and said there was considerable correspondence ongoing regarding the case.

Mrs. Simpson handed over a collection of written documents and correspondence which Dr Hugh Reeve said would be discussed by the Directors.

Adrian Rush;

Community Hospital In-patient beds at Alston Community Hospital?

Adrian Rush delivered the following statement on behalf of the "Save Alston Hospital Campaign";

"Mr Childs will know from his presence at the public consultation meeting last week that the Alston Moor Community are deeply worried about the NHS in Cumbria's ability to provide a save level of service to our community.

Despite the first public meeting in our community providing ample evidence of the need to retain in-patient beds, the consultation document & its questionnaire now form the basis of the consultation going on, provides no option to work around keeping hospital beds in Alston.

The residents of Alston here today &the many unable to come, believe that the current public consultation has been conducted under recommendation of the Success Regime, as it relates to the future of Community Hospital in-patient beds fails the statutory duty & guidelines on how the NHS body must conduct a proper public consultation on the provision of public healthcare.

We are providing you with a document that demonstrates these failures, we ask you to study it & consider either re-running the public consultation or remove the section relating to Community Hospital in-patient beds, until such a time as a proper public consultation can be raised, it is imperative that such a public consultation addresses the challenges of providing healthcare in our area.

May I submit the document to you & as a minimum ask you to put it into the evidence of the consultation."

Dr Hugh Reeve accepted the papers.

Stephen Childs confirmed that we would read the document, take appropriate advice and respond as appropriate.

The meeting closed at 17:15