

**CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE GOVERNING BODY MEETING**

Thursday 20 February 2014, 14:00
Energus, Blackwood Road, Lillyhall,
Workington, Cumbria, CA14 4JW

Present:	Ruth Gildert Les Hanley Geoff Jolliffe Nigel Maguire Jon Rush Charles Welbourn Anthony Woodyer	Nurse Member (RG) Lay Member (Health Improvement) LH) Locality Lead GP for the South of the County (GJ) Chief Officer (NM) Lay Member (Patient Engagement) (JR) Chief Finance Officer (CW) Consultant Member (AW)
In Attendance:	Jim Fraser Christine Harrison Eleanor Hodgson Rachel Jamieson Mark McAdam Karen Morley-Chesworth Peter Rooney Brenda Thomas	Clinical Manager, North England Commissioning Support (NECS) (JF) Communications Officer Director of Childrens, (NECS) (EH) Senior Management Assistant (RJ) Communications Manager (MM) Communications Officer (KMC) Director of Planning and Performance (PR) Governing Body Support Officer (BT)
Observers:	Jonathan Smith Sue Stevenson	Local Council of Members Observer (JS) Health Watch Cumbria Observer (SS)

GB 01/14	Welcome and Apologies	Action
	The Chair welcomed everyone to the meeting. Apologies were received from Hugh Reeve, Clinical Chair and Peter Scott, Lay Member for Finance & Governance.	
GB 02/14	Declarations of Interest	
	There were no declarations of interest.	
GB 03/14	Minutes of the Governing Body Meeting held on 19 December 2013	
	RESOLVED: The minutes of the above meeting were agreed as an accurate record.	
GB 04/14	Questions from members of the public present	
	Questions and answers from Members of the Public are contained in Appendix 1.	

GB 05/14 **Chair and Chief Officer's update report**

NM presented the report.

I Want Great Care

JR advised that a formal update report for 'I Want Great Care' would be brought to the next meeting.

Resolved: The report be noted.

GB 06/14 **Equality and Diversity Report Ensuring Equality for All 2013/14**

PR presented the report. In response to a question from JR CH confirmed that if a person who is unable to speak English presents at a GP surgery, language line available. When booking an appointment with a GP, patients can also request that an interpreter be present. It was confirmed the Equality and Diversity Manager for the CCG was Christine Harrison.

It was agreed that CH and JR would meet outside of the meeting to identify if any further key issues were needed to be added to the report.

Proposed by Charles Welbourn, seconded by Jon Rush

Resolved: The report be approved

GB 07/14 **West Cumbria High Risk Surgery Consultation**

The Chair advised that the CCG was still awaiting a report from North Cumbria University Hospital Trust (NCUHT). In response to a question from LH the Chair confirmed that a small number of patients were still being transferred from West Cumberland Hospital to the Cumberland Infirmary Carlisle (CIC). These numbers were being monitored and in conjunction with the North of England Area Team, the CCG was seeking evidence about the benefits of such transfers.

GB 08/14 **CQC Response to Safeguarding and Children Looked After**

EH presented the report. In response to the report detailing the Care Quality Commission's (CQC) findings published in January 2014 a high level response action plan (Appendix 2) had been submitted and feedback was awaited from the CQC.

In response to a question from the Chair EH confirmed that the Cumbria multi agency progress was monitored through the Safeguarding Board.

In response to a question from JR NM advised the CCG needed to ensure

that regular updates about progress on the plan need to be programmed into the Outcomes and Quality Assurance Committee work programme.

Resolved: The report be noted

GB 09/14 **Francis Report Action Plan**

JF presented the report.

It was agreed that a more detailed report against the action plan would be submitted to the June meeting.

Resolved: The report be noted

GB 10/14 **Winterbourne Report**

This agenda item was brought forward for ease of presentation.

JF presented the report providing an update on actions identified following the publication of the Winterbourne View Hospital report and Concordat.

NM advised it was important the Governing Body had oversight of the progress of the Concordat with more detailed reports being presented to its Outcomes & Quality Assurance Committee.

In response to a question from JR PR confirmed that there was a high level of scrutiny into progress made against the Concordat and justification would have to be provided in detail to NHS England if patients could not be returned to their own area.

It was agreed that a Learning Disabilities report be brought to the next meeting.

Resolved: The report be noted

GB 11/14 **Morecambe Bay Investigation**

DR presented the report which outlined the information submitted by the CCG to the Morecambe Bay Investigation.

Resolved: The contents of the submission be noted

GB 12/14 **Chief Finance Officer's Report**

CW presented the report. CW confirmed that the Financial Plan which was due for submission to NHS England in March 2014 would be considered at the Interim Finance Committee in March.

Resolved: The financial position as reported at January 2014 be noted

GB 13/14 **Draft 2 year plan and Better Care Fund Plan**

PR provided a high level overview of the contents of the report and advised that the Better Care Together Fund Plan which was presented to the Cumbria Health & Wellbeing Board on 14 February 2014 would be circulated after the meeting. It was confirmed that the 2 year plan had been based on 5 year trajectories and that the final submission deadline was the 4 April 2014.

In response to a question from SS, PR confirmed the CCG was engaging with the public through the Better Care Together work in the south of the County and the North Cumbria Programme Board for the north.

In response to a question from JR, NM confirmed that a full presentation on the narrative behind the plan would be provided to Members at its development session in March 2014.

In response to a question from LH, PR confirmed that the CCG was working with its partners across the whole of the Cumbrian Health Care system to ensure organisational plans were aligned.

Resolved: The contents of the plan be noted

GB 14/14 **Quality Report**

JF presented the report identifying key areas for concern.

In response to a question from JS JF confirmed that GP's could report quality and safety issues through their localities, the CCG's Quality team or direct with the Trusts. DR also advised a pilot was currently underway which enabled GP's to report their concerns through an icon on their desk top directly to the Quality and Safety Team. It was anticipated that this would be available to all GP's from 1 April 2014.

PR confirmed that Section 43 letters were received by the CCG. It was agreed that these should be shared between Coroners in the north and south of the County.

Resolved: The contents of the report be noted

GB 15/14 **Engagement Report February 2014**

MM presented the report. JR advised the whilst the report was useful it needed more content in areas such as:

- details of existing engagement groups
- how the public can link in
- stakeholder mapping

It was agreed that MM would invite JR to future meetings of the Communications and Engagement Group.

Resolved: The current activity and future developments detailed in the report be noted

GB 16/14 **Performance Report**

PR presented the report.

Resolved: The report be noted.

GB 17/14 **Minutes of:**

Cumbria CCG Executive:

- 21 November 2013
- 19 December 2013

Interim Finance Committee

- 27 November 2013

Locality Executives:

Allerdale:

- 28 November 2013
- 19 December 2013

Carlisle:

- 11 December 2013

Copeland:

- 12 December 2013

Eden:

- 28 November 2013
- 19 December 2013

Furness:

- 8 November 2013
- 13 December 2013

South Lakes:

- 7 November 2013
- 5 December 2014

AW raised concerns regarding Item 4 (iii) on page 2 of the Carlisle Locality Executive Minutes dated 11 December 2013. This was appertaining to the CIC routinely advising elective patients to attend GP surgeries for pre-

operative blood tests prior to procedures despite this work being part of the CCG's contract with the CIC. The Chair advised he was writing to the CIC's Medical Director to discuss the apparent work shift.

Resolved: The above minutes be received for information.

GB 18/14 **Any other urgent items of business**

There were no urgent items of business.

GB 19/14 **Questions from Members of Public Present**

Questions from members of the public and the answers are contained in Appendix 2.

GB 20/14 **Date and Time of the next meeting:**

Thursday 17 April 2014 at Stonecross Manor, Milnthorpe Rd, Kendal, Cumbria

The meeting closed at 17.05

Questions & Answers from Members of the Public - Agenda Item 4

John Ashford explained that a self-help group for people with Long Term Conditions had been formed. He advised that the group, known as XEED, was run by three directors who all had Long Term Conditions and asked if the CCG would engage with this organisation?

NM confirmed the CCG would be interested in work in working with third sector organisations and the he would ask a senior member of South Lakes Locality is to contact Mr Ashford to discuss further.

Questions and Answers from the Public – Agenda item 19

Liz Clegg and Viv Stucke

- 1. In view of the publicity on national radio on Tuesday about unequal ‘postcode lottery’ services for families where a baby is born with ‘tongue-tie’ and has difficulty breast feeding, can the CCG reassure us that each maternity service in Cumbria has a breast feeding advisory service and midwives who are qualified to help the problem? In addition are surgical procedures to correct this problem undertaken in the midwifery units, if not are mums and babies referred elsewhere?**

DR confirmed that as far as the CCG is aware breast feeding advisory services were available in the Cumbria area. It was advised that surgery was available in the south of the County. Confirmation was being sought as to whether it was also available in the north of the County.

- 2. At a meeting at a local surgery, a patient participation group, we were advised that despite Summary Care Records being uploaded, they were still not available to all the organisations to access when necessary. Therefore could you please advise when wider access will be available?**

DR confirmed that some records could be accessed locally and some nationally. He also offered to share a leaflet appertaining to ‘Data Extraction from Medical Records’ which gave more detail on sharing of data. It was agreed that Dr Rogers would discuss further with Liz Clegg after the meeting. DR also advised that an update report was being sought from the Clinical Lead for IM&T and this would be forwarded to Liz Clegg when available.

- 3. Can the CCG advise what measures and timescales are being taken to monitor compliance with the ‘Duty of Candor’ and what measures will be taken to specifically improve that compliance where needed?**

PR confirmed that since the publication of the Francis Report organisations were obliged to ensure that they were especially open, transparent and complied with their duty of candor. He stated that if there was a specific issue being referred to then it could be forward to him

through Brenda Thomas, Governing Body Support Officer and he would respond specifically to that issue.

Evelyn Bitcon

1. In response to the Item 11 (page 4) regarding repatriation the following questions were raised:

(a) In terms of repatriation of those with severe and complex needs can you confirm that the CCG is assured there are sufficient levels of expertise qualified staff supporting their health and social care needs?

(b) Four patients returned in to community placements. What activities are in place to assist quality of life?

(c) Have all those involved had independent advocacy prior to repatriation?

PR confirmed that the CCG was assured that there was sufficiently skilled staff to support patients returning to Cumbria and that this process was not being undertaken as a cost saving exercise. He also stated that some patients would remain out of County if sufficient services were not available. PR also confirmed that all patients had been given the opportunity to access to independent advocacy as part of the process detailed in the report.

2. The Cumbria recent 'Mental Health Strategy' is under review - when can we expect to see the results of this and when will there be an operational plan to put into action, bearing in mind our JSNA, higher than National average suicides and elderly and the high use of drugs and alcohol?

DR confirmed that the CCG considered this a high priority area of work. JR also confirmed that the Outcomes & Quality Assurance Committee had received detailed reports regarding the issues specified above and further work was being programmed in updates would be submitted to the Governing Body in due course.

3. Cumbria has structured for many years re-funding per head of population. As we are the 2nd largest county why have we been unable to make the case for rurality, geography, poverty and deprivation, suicide, long term health problems?

CW confirmed that the CCG has put forward a robust case in response to the original funding plans. Hence the current funding has been maintained for 2014/15 and 2015/16.