

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF CLINICAL LEADS GROUP**  
**18 December 2014, 13:30 – 16.45**  
**Conference Room, Enterprise House,**  
**Cumbria Rural Enterprise Agency, Kendal**

Present:	Dr Hugh Reeve Amanda Boardman Laura Carr Anthony Gardner Dr Jim Hacking Eleanor Hodgson Dr Geoff Jolliffe Dr William Lumb  Nigel Maguire Dr Alistair MacKenzie, Dr Niall McGreevy Dr Colin Patterson Dr Rachel Preston Caroline Rea Juliet Rhodes David Rogers Peter Rooney Stephen Singleton Charles Welbourn	<b>(Chair)</b> Clinical Chair (HR) GP Lead, Safeguarding Children (AB) Lead Nurse (Quality and Safety) (LC) Network Director, South Localities (AG) Clinical Lead – Mental Health (JH) Director, Children and Families (EH) GP Lead Furness (GJ) GP Chief Clinical Information Officer (WL) Chief Officer (NM) GP Lead South Lakes (AM) GP Lead Allerdale Locality (NMc) GP Lead Carlisle Locality (CP) GP Lead Eden (RP) Network Director, North Localities (CR) GP Lead Copeland Locality (JR) Medical Director (DR) Director of Planning & Performance (PR) Clinical Director of Innovation (SS) Chief Finance Officer (CW)
In attendance:	Colin Cox  Shirley Ratcliffe	Director of Public Health, Cumbria CC (CC) PA to Chief Officer & Clinical Chair (SR)

**CL 290/14 Agenda Item 1: Welcome and Apologies**

Apologies were received from Laura Carr (LC) Lead Nurse (Quality & Safety) / Clinical Director Mental Health & LD.

The Chair welcomed all members to the meeting.

**CL 291/14 Agenda Item 2: Declarations of Interest**

There was a collective non pecuniary declaration of interest in agenda item 8.

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CL 292/14 **Agenda Item 3: Minutes of 20 November 2014**

**Resolved:** The minutes of the above meeting were agreed as an accurate record of the meeting.

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CL 293/14 **Agenda Item 4: Action Log**

**Resolved:** The Action Log was updated accordingly.

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CL 294/14 **Agenda Item 5: Chair and Chief Officers Update**

**Changes to NHS England Regional and Area responsibilities**

PR provided an update following the announcement to the appointments to the Directors of Commissioning Operations (DCO) roles within NHS England in the North.

It was reported that there had not been an appointment to the DCO role for the North East and that Mike Prentice would be undertaking the role on an interim basis, in addition to his Medical Director responsibilities. It was noted that Christine Keen would remain as Director of Commissioning Strategy for the area and Alison Slater would now be Director of Delivery and Performance.

The DCO designates will take over from the existing Area Directors from 5<sup>th</sup> January 2015.

**Staff Briefings**

NM and HR provided an update on their recent visits to all the CCG Teams. They advised that it had been a good opportunity to discuss with all staff the issues they have faced since the CCG had been in operation and to update them on how they envisaged the CCG would progress in the future.

Members were also advised that PR would become the Director of Commissioning, CR the Director of Primary Care and AG the Director of Planning. Discussion then took place regarding how the changes would affect the localities.

**Better Care Fund**

Revised Better Care Fund (BCF) plans were re-submitted on 19 September 2014 and subsequently went through a Nationally Consistent Assurance Review (NCAR) process. The process assessed the plan of each Health and Wellbeing Board (HWB) and identified gaps and areas in need of support.

The outcome of the NCAR process categorised plans into one of four assurance categories: "Approved", "Approved with Support", "Approved Subject to Conditions", or "Not Approved". The outcome of the Cumbria assurance process was confirmed on 29 October 2014 as "Approved Subject to Conditions".

Cumbria was required to satisfy five conditions which related to specific risks and mitigating actions identified by the review team during the assessment process. In total 15 risks were identified, many of which could be actioned quickly. However, risks

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associated with meeting the national conditions: Seven Day Services; Data Sharing and Joint Assessment; and further detail of the individual schemes being invested in, require significant work to meet approval.

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All Health and Wellbeing Boards with plans that were “Approved subject to Conditions” were required to submit an action plan describing how and when the conditions and associated risks will be addressed. Each was allocated a dedicated Better Care Fund Advisor to support the HWB with the development of the action plan and to achieve approval.

Since submission of the action plan further support, has been made available to Cumbria to provide specialist analytical, narrative and financial support where required.

Cumbria had resubmitted an updated plan on Friday 12 December 2014 for assessment against the conditions. We were currently awaiting a review of this submission.

A discussion ensued regarding how the fund will be utilised within the localities.

**Action:** It was agreed to bring a Better Care Fund Briefing Update back to the next meeting in January 2015.

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#### CL 295/14 **Agenda Item 6: Medical Director Update**

DR updated the group on the high risk of blood science failure at West Cumberland Hospital due to the resignation of laboratory staff and there was a risk that the service was in high danger of collapse.

It was agreed to write to the Trust in order to explore a joint working approach.

DR also discussed the rota at WCH which was in danger of dropping below 1 in 7 despite trying locum agencies and having the support from CPFT. DR reported that he was prepared to do some back of house shift work at WCH to allow WCH to stay open until rota improves to 1 in 7 or better. He offered the same opportunity to the Clinical Leads.

**Action:** DR agreed to forward contact details of the GMC Regional Liaison Service if Rota at WCH dropped below 1 in 7 for contingency emergency situation.

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CL 296/14 **Agenda Item 7: Commissioner Requested Services**

AG presented the report advising that CCGs were responsible under the Health and Social Care Act 2012 for identifying services that should continue to be provided locally if any individual FT provider was at risk of failing financially. These services were called Commissioner Requested Services (CRS).

The CCG has been working with PriceWaterhouseCoopers (PWC) LLP and Lancashire North CCG to determine which services were likely to CRS for University Hospital Morecambe Bay Foundation Trust (UHMBFT). This work had been undertaken alongside the Better Care Together strategy development, particularly in terms of identifying 'stakes in the ground' to help shape the options appraisal of in-hospital services.

Clinical Leads had met with PWC earlier in the year to set out indicative travel time assumptions to help with modelling work to determine potential CRS. This modelling work has now been completed and the results were available in the summary.

Discussion then ensued to ensure the travel times were accurate. This was important prior to seeking the views of UHMB and before making a formal decision on CRS through the Governing Body.

**Action:** It was agreed that a detailed statement of CRS services will need to be discussed and confirmed at a future meeting.

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CL 297/14 **Agenda Item 8: General Practice Co-Commissioning**

HR advised that the Full Council of Members meeting was taking place on the evening of Thursday 18 December 2015. He confirmed that the recommendation to the Membership would be that the CCG should take on a co-commissioning role with the NHS England Area Team.

The Chair advised that the CCG would, over the next three months, develop a clear strategy for primary care, within the framework provided by the *Better Care Together* and *Together for a Healthier Future* programmes. The strategy would then be considered at the next Full Council of Members meeting and Members would then have the opportunity to determine whether or not the CCG would make an application to take on a different model of primary care commissioning at later date.

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CL 298/14 **Agenda Item 9: Vision for General Practice and NHS England Five Year Forward View**

HR presented an overview of the NHS England Five Year Forward View advising that it sets out how the health service needs to change and argues for a more engaged relationship with patients, carers and citizens so that wellbeing and prevention of ill-health can be promoted.

General discussion took place on the expectations for the NHS over the next five years and what provider vehicles the CCG would like to promote.

**Action:** CC to present 'Public Health Commissioning' item at the January 2015 meeting.

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**CL 299/14 Agenda Item 10: Radiotherapy Procurement**

CP reported that the Area Team had been consulting on the re-procurement of radiotherapy in North Cumbria.

The responsibility of costs and funding was discussed for the maintenance contract for the Linacs.

CP had been appointed to the Area Team panel and preparations were being made for the final tender to go out in January 2015.

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**CL 300/14 Agenda Item 11: Financial Position**

CW provided an update of the current level of financial challenge facing the CCG.

The CCG was forecasting achievement of the planned financial surplus of £5 million in 2014/15. However, it was important to note that in making this forecast there were considerable cost pressures and therefore there was significant risk to achieving this position. The CCG was actively addressing the risk through a combination of measures to reduce expenditure where spending was over budget and a series of non-recurring savings.

The NHS England Planning Guidance for 2015/16 (including financial assumptions) was due for publication today on 18th December 2014 and therefore an updated first cut of the position for 2015/16 would be prepared in early January. A preliminary analysis showed that the CCG would need to make very significant savings to balance in 2015/16.

The Clinical Leads Group noted the financial risks facing the CCG for 2015/16 and considered actions to identify further cost improvements.

**Action:** It was agreed to re-visit the item in January 2015 in order to resolve the CCG contracting approach.

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**CL 301/14 Agenda Item 12: Any Other Business**

There were no other items of business.

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**CL 302/14 Agenda Item 14: Three Key Messages**

These were confirmed as;

1. Update from MD including Winter Pressures
  2. Co-Commissioning
  3. Vision for General Practice and NHS England Five Year Forward View
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**CL 303/14 Date and Time of Next Meeting Approved:**

15 January 2015, from 09:00 – 12.30, Conference Room, 4 Wavell Drive Rosehill Industrial Estate Carlisle Cumbria CA1 2SE

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