

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

Wednesday 1 June 2016, 13:00

The Forum, Duke Street,  
Barrow-in-Furness, Cumbria LA14 1HH

<b>Present:</b>	Ruth Gildert Geoff Jolliffe Les Hanley Rachel Preston Hugh Reeve Jon Rush Peter Scott Charles Welbourn	Registered Nurse (RG) Interim Clinical Chair <b>(Chair)</b> (JG) Lay Member (Health Improvement) (LH) Lead GP Representing the North of the County (RP) Interim Chief Clinical Officer (HR) Lay Member – Public Engagement (JR) Lay Member – Finance & Governance <b>(Chair)</b> (PS) Chief Finance Officer (CW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
<b>In Attendance:</b>	Julie Clayton Anthony Gardner Brenda Thomas	Head of Communications (JC) Network Director (AG) Governing Body Support Officer (BT)
Item 14 only	Eleanor Hodgson	Director of Children and Families (EH)
Item 13 only	Stephen Singleton	Director of Cumbria Learning & Improvement Collaborative (SSi)
Item 16 only	Alison Clegg	Head of Performance (AC)

**GB 42/16      AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received from David Rogers, Medical Director.

**GB 43/16      AGENDA ITEM 02: Declarations of Interest**

Geoff Jolliffe, Hugh Reeve and Rachel Preston declared a pecuniary interest in Item 6 on the approach to PMS as GP Partners in their respective Practices.

**GB 44/16      AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 6 April 2016 & Action Log**

**Resolved:** The minutes of the meeting and the action log be approved as a true record.

**GB 45/16      AGENDA ITEM 04: Questions from members of the public present**

There were no questions from members of the public under this item.

**AGENDA ITEM 05: Interim Clinical Chair & Interim Chief Clinical Officer's Report**

HR presented the report highlighting the following key areas contained in the report:

- The West, North and East Success Regime
- Better Care Together (BCT)
- Mental Health Transformation
- Annual Report & Annual Account 2015/16

In response to a question from JR, HR confirmed that BCT had undertaken a large public engagement exercise approximately 12 to 18 months ago. This had informed the early development of its Business Case. To date there had been no significant changes to services. Therefore no further engagement had taken place. However given the funding challenges detailed above, it may be that further engagement may be necessary as the business case is refined.

SS stated that there was a difference between engagement and consultation. Even though there may not be a need to consult it was important that all of the main projects kept engagement going.

HR confirmed that engagement was ongoing in the south with BCT clinicians running public sessions to discuss how services may work. He also advised that there were listening events taking place in Barrow.

HR advised that the National Home of Choice Policy was a clear national process designed to support patients when they needed extended care – this enabled them to be transferred to a care home rather than remaining in hospital.

**Resolved:** The update be noted.

**AGENDA ITEM 06: Financial Plan 2016/17**

**Financial Plan 2016/17**

CW presented the Financial Plan for 2016/17 advising that the CCG had followed the process outlined at the Governing Body meeting in April 2016. Members were also reminded that they had considered the detail behind the financial plan at the April and May 2016 Finance & Performance Committee meetings.

CW detailed the following key issues:

1. Whilst the CCG had successfully delivered surpluses for each of the first three years, it had agreed a deficit “control total” of £8.5 million with NHS England.
2. The achievement of this plan remained very challenging with a significant cost improvement programme to be delivered.

In response to a question from PS, CW confirmed that the first indications of whether or not the CCG were on track to achieve the savings identified in the cost improvement programme was when it received the first quarter activity data in July. He also confirmed that the CCG would continue to work on identifying other areas for possible savings to be achieved.

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### **Personal Medical Services (PMS) Re-investment**

CW advised that NHS England had achieved savings in the Primary Care system by renegotiating individual GP contracts. Whilst the CCG does not commission GP services it had been delegated responsibility, from NHS England, to consider how these savings would be reinvested for general practice in Cumbria. The sum to be invested in this area was £100,000 in year 1 rising to £700,000 over seven years. He further advised that the CCG had incorporated the outline intentions for the reinvestment of these funds in the Counties GP Development Plan (see report for details) which the Governing Body was required to endorse prior to consideration by NHS England.

### **Estates & Technology Fund (Primary Care)**

CW stated that the CCG had been aware for some months that there would be an opportunity to support primary care estates and IT (technology) developments through a bid to this national fund. It was anticipated that there would be a total of £750m available nationally over the next three years. Therefore the CCG had been working in partnership with local GP practices, Cumbria Partnership NHS Foundation Trust (CPFT) to progress bids in line with the BCT and Success Regime strategies, local estates strategies and the General Practice Development Plan (this was also being supported by the NHS estates organisations). Submissions to the States and Technology Fund need to be made through the CCG. All submissions are expected to support the sustainability and transformation of Primary Care in line with local strategic plans. This report outlines the CCG's approach to the formulation of submissions and specifies the criteria that would need to be achieved.

General discussion ensued around the process outlined in the report. In response to a question from SS, CW advised that these were large specific schemes and was not clear on how the public/patients feedback would be linked into the process. He would feedback to the CCG's IM&T Lead GP on this issue. However he specified that the CCG had developed the process for these bids around the criteria set by NHS England.

Proposed by Les Hanley, seconded by Jon Rush;

#### **Resolved:**

1. The Financial Plan for 2016/17 be approved;
2. The proposed approach to PMS Funding be approved; and
3. The proposed approach to prioritising and submitting bids for the Estates & Technology Fund (Primary Care) be approved.

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GB 48/16

### **AGENDA ITEM 07: Communications and Engagement**

#### Approach to Communications and Engagement - 2016/2020

JC presented the report advising that this document outlined how the CCG intended to share information and listen to the public and patients about health service in Cumbria. JR supported the approach detailed in the report.

Proposed by Jon Rush, seconded by Ruth Gildert;

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**Resolved:** The Communications and Engagement Approach 2016/2020 appended to the report be approved.

West, North and East Cumbria Success Regime Consultation Strategy

JC presented the report. She advised that Cumbria County Council's Health Scrutiny Committee had considered the document and their feedback had been included.

LH raised concerns that the business communities were not being engaged as part of the consultation process. JC advised she would feed this back to into the Success Regime Programme Board.

In response to a question from JR, JC advised the following:

- Public Consultation Process Stakeholder Advisory Group (PCPSAG) – the group and its membership would be led by Sue Stevenson from Healthwatch Cumbria and the Venerable Richard Pratt, Arch Deacon of West Cumberland. The make-up of the group would reflect concerns which were being raised across the West, North and East Cumbria.
- The working group would consist of the communication leads from across the main NHS organisations and Freshwater.

Proposed by Peter Scott, seconded by Jon Rush;

**Resolved:** The West, North and East Cumbria Success Regime Consultation Strategy as appended to the report be approved.

**Action:** JC to liaise with Success Regime and ensure that business communities were included in the consultation process.

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GB 49/16

**AGENDA ITEM 08: Draft Cumbria Public Sector Equality Strategy**

JC presented the report advising that this document had been compiled in conjunction with Cumbria Constabulary, Cumbria County Council and Cumbria Partnership Foundation Trust and the CCG. It aimed to provide a joint strategy and shared objectives. JC also confirmed that both the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and North Cumbria University Hospital Trust (NCUH) were also interested in adopting the strategy.

In response to a number of questions, JC confirmed that this strategy was a way of raising awareness around equality issues and highlighting how important this issue was considered. HR confirmed that most of the contents of this strategy were enshrined in law but it was important that joint working across the County was supported.

A request was made that regular updates on the implementation of the strategy be presented to the Governing Body.

Proposed by Rachel Preston, seconded by Les Hanley;

**Resolved:**

1. The way of working outlined in this document be supported; and
2. The shared Equality Objectives be approved.

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3. The draft Cumbria Public Sector Equality Strategy appended to the report be approved

**Action:** Regular updates on the Cumbria Public Sector Equality Strategy be included on the Governing Body work programme.

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GB 50/16

**AGENDA ITEM 09: Governing Body Schedule of Meetings and Work Programme for 2016/17**

CW presented the report advising that each year the CCG creates a timetable and work programme for each of its Committees. Attached as Appendix 1 was a combined time table of meetings for the Governing Body and its committee.

CW also advised that at the Governing Body development session on 4 May 2016, the Governing Body reviewed its remit and responsibilities against the assurance it had received during 2015/16 and developed the attached (as Appendix 2) work programme for 2016/17.

Proposed by Rachel Preston, seconded by Les Hanley;

**Resolved:** The schedule of meetings and work programme attached to this report be approved.

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GB 51/16

**AGENDA ITEM 10: Sustainability & Transformation Plans (STP) Update**

HR presented the report advising that STP's are a new planning process established by NHS England (NHSE) and NHS Improvement (NHSI). NHS Cumbria CCG falls within two STP areas – West, North and East (WNE) Cumbria and Lancashire and South Cumbria.

HR confirmed that the plans had to be submitted by 30 June 2016 and would form the basis for face to face conversations at a national leadership level throughout July. They will also be a key part of a subsequent managerial process to inform decisions about the geographical targeting of growth in the intervening years to 2020 which could result in additional funding being provided across the system.

In response to a question from PS, HR confirmed that this could result in the development of a parallel governance system/combined authority. However at this stage it was too early to tell. However it would lead to a more integrated provision of services.

**Resolved:** The update be noted.

**Action:** Include regular updates on STPs on the Governing Body work programme.

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GB 52/16

**AGENDA ITEM 11: Annual Report and Annual Accounts**

CW presented the report advising that Governing Body had approved these at a Part 2 meeting on the 26 May 2016 and had been reviewed by the CCG's external auditors. He advised that the reason this had been considered at a Part 2 meeting was due to the requirement to meet national timelines. A full presentation detailing the contents of the above will be made at the CCG's Annual General Meeting in October 2016.

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**Resolved:** The report be noted.

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GB 53/16

**AGENDA ITEM 12: Register of Interest**

CW presented the report. He also advised that NHS England was developing new guidance on Conflicts of Interest which was due to be published at the end of June 2016. Once received the CCG would review its current process and ensure that it was aligned to the new requirements. The CCG's Audit Committee would receive a full report outlining the changes in the guidance and would monitor the implementation of the changes.

**Resolved:** The report be noted.

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GB 54/16

**AGENDA ITEM 13: Cumbria Learning & Improvement Collaborative (CLIC) Annual Report 2015/16**

SSi presented the report highlighting the following:

- Funding from the CCG has reduced as funding had been secured from elsewhere
- Increased services being provided
- Collaborative ways of working had continued to be developed and the evaluation process had been further improved
- Clinical nurse skills training very successful and this had encouraged team building across the system
- Significant support had been received to effect change across the system
- Finalists for a regional Bright Ideas Award – Innovation in Primary Care Category
- CLIC working with the Success Regime in the WNE and working to support a sister organisation, Bay Learning & Improvement Collaborative (BLIC) in the BCT programme. Both collaboratives learning from each other.

In response to a question from JR around funding, SSi confirmed that he envisaged a decrease in funding from the CCG. Funding had increased from other sources including NCUH, CPFT and the University of Central Lancashire (uclan). In addition CLIC would form part of the organisational development programme within the Success Regime.

General discussion ensued around the funding requirements in the coming years and how CLIC would continue to support the process of change within a fast moving environment across the Cumbrian Health economy as a whole. HR advised that in order for the whole health economy to implement significant changes, achieve required savings and improve services, there needed to be a big change in the way services were provided and in the culture of all organisations within the system. Therefore he considered it important that the CCG remained committed to the CLIC programme.

**Resolved:** The report be noted.

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**AGENDA ITEM 14: Royal College of Obstetricians & Gynaecologists (RCOG) Maternity Review Update**

EH presented the report highlighting the following (as detailed in the report):

- RCOG report commissioned in 2014
- Recommendations had been worked through and innovative models of delivery were being considered which, would be aligned to the two clinical strategies in the north and south of the County
- Working together with the Acute Trusts, governance arrangements had been put in place. These had been aligned to the recommendations in both the RCOG and the Kirkup reports.
- Looking at the investment in communication strategies
- Engagement with services users and key stakeholders had been undertaken in partnership with Healthwatch Cumbria, the findings from which had been independently evaluated by Lancashire University. The key themes that emerged included:
  - Continuity of care and carer throughout pregnancy, birth and the postnatal period
  - Consistency and quality of information and communication
  - Postnatal support for breastfeeding women
  - Support and information for women to make informed decisions and choices
  - Accessible services and choice, young mums, women with specific needs, travel, place of birth

In response to the Healthwatch report both Trusts were in the process of developing an action plan to evidence how they intended to address the above themes.

General discussion ensued around the content of the report. In response to a comment that the report stopped short of recommending what maternity services were required, EH advised that the report was a factual report which detailed options and outcomes found.

In summary, the recommendations outlined in the RCOG Options appraisal have been carried out. It was recognised that further work would be required and this would be undertaken through the Success Regime and Better Care Together Programmes.

**Resolved:** The update be noted.

**AGENDA ITEM 15: Local Digital Roadmap (LDR)**

HR presented the report and sought delegated authority to the Finance & Performance Committee to consider and endorse the LDR prior to its submission at the end of June 2016.

Proposed by Les Hanley, seconded by Jon Rush;

**Resolved:** The Finance & Performance Committee be delegated authority to endorse

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the Local Digital Roadmap prior to its submission to NHS England on 30 June 2016.

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GB 57/16

**AGENDA ITEM 16: Performance Report**

AC presented the report. General discussion ensued around the reporting mechanism and how the CCG could ensure that it effectively identified poor performance, analysed the issues and monitored for improvements.

CW advised that the CCG needed to review how performance was reported through its committee structure. In addition it needed to address how it reports the CCG's responsibilities as opposed to those which are monitored by the regulators.

**Resolved:**

1. The report be noted; and
2. The CCG to review its processes for reporting/monitoring performance

**Action:**

1. Review how the CCG will report and monitor its responsibilities in terms of performance of provider organisations against the NHS Constitutional Standards and amend performance reporting accordingly, with oversight through the Finance & performance Committee.
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GB 58/16

**AGENDA ITEM 17: Minutes of**

Audit Committee:

- 24 February 2016

Clinical Leads Group:

- 17 March 2016

Finance & Performance Committee:

- 23 March 2016
- 20 April 2016

Locality Executives:

Allerdale

- 10 March 2016
- 14 April 2016

Carlisle

- 17 February 2016
- 23 March 2016
- 27 April 2016

Copeland

- 25 February 2016

Joint Furness and South Lakes

- 1 October 2015

Furness

- 11 December 2015
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Outcomes & Quality Assurance Committee

- 26 February 2016
- 18 March 2016

**Resolved:** The above minutes be received for information.

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GB 59/16      **AGENDA ITEM 18: Any other urgent items of business**

There were no urgent items of business.

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GB 60/16      **AGENDA ITEM 19: Questions from members of the public present**

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

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GB 61/16      **AGENDA ITEM 20: Date, time and venue of next meeting**

The next meeting will be held on Wednesday 3 August commencing at 13:00 at Energus, Blackwood Road, Lillyhall, Workington, Cumbria. CA14 4JW

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The meeting closed at 15:58

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

No members of the public posed any questions under this item.

**Questions & Answers from Members of the Public – Agenda Item 21**

**Liz Clegg**

*Can the CCG advise how disability groups were involved in the planning stages when NHS buildings were being designed?*

It was advised that the CCG did not commission the provision of buildings. However there were strict planning/building regulations around the provision for disability access in new buildings.