

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

Wednesday 2 December 2015, 13:00

The Masonic Hall, Jacktrees Road,
Cleator Moor, Cumbria. CA25 5AU

Present:	Les Hanley	Lay Member (Health Improvement) (LH)
	Rachel Preston	Lead GP Representing the North of the County (RP)
	Hugh Reeve	Interim Chief Clinical Officer (HR)
	Jon Rush	Lay Member – Public Engagement (JR)
	Peter Scott	Lay Member – Finance & Governance (Chair) (PS)
	Charles Welbourn	Chief Finance Officer (CW)
	Anthony Woodyer	Consultant Member (AW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Julie Clayton	Head of Communications (JC)
	Peter Rooney	Interim Chief Operating Officer (PR)
	Brenda Thomas	Governing Body Support Officer (BT)
Item 8 only	Nicola Jackson	Senior Programme Manager – Childrens and Families (NJ)
Item 10 only	Stephen Singleton	Clinical Director of Innovation (SSi)
Item 12 only	Russell Thompson	Clinical Quality & Safety Manager (RT)

GB 96/15 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received from Ruth Gildert – Nurse Member, Geoff Jolliffe - Interim Clinical Chair and David Rogers – Medical Director.

GB 97/15 **AGENDA ITEM 02: Declarations of Interest**

There were no declaration of interest.

GB 98/15 **AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 7 October 2015 & Action Log**

Resolved: The minutes of the meeting be approved as a true record subject to the following amendments:

Anthony Woodyer be removed from the attendance list on Page 1

Page 4, agenda item 12, third sentence should read: ‘SS advised that Healthwatch Cumbria (supported by the CCG and Trusts) was developing a full engagement programme across north, west and east Cumbria aiming to visit existing sessions and **use** Drop-ins....’

GB 99/15

AGENDA ITEM 04: Questions from members of the public present

Questions and answers from members of the public are contained in Appendix 1.

GB 100/15

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

PR presented the report highlighting the following key areas:

Incidents in North Cumbria

PR provided an overview of the incidents detailed in the report. PR also thanked everyone who had worked on these incidents for all their hard work especially in relation to the patient evacuations which had been required due to both the flooding at Dane Garth, Furness and the fire at Cumberland Infirmary, Carlisle. He advised that these incidents were a good example of the support being offered across the health community.

Patient safety concerns and transfers in north Cumbria

General discussion ensued around ambulance transfers from West Cumberland Hospital to Cumbria Infirmary, Carlisle. In response to a question from JR, PR advised that an independent clinical audit was ongoing to review approximately 150 transfers which had occurred during the last 12 months. This would include assessing whether or not the transfers had been undertaken in accordance with agreed pathways and what the outcomes had been for the patients.

JR asked if the public would be involved in the review detailed above. In response PR advised that this was a clinically focused piece of work, and the findings would be made public.

Action: The CCG to review the Terms of Reference for the above review and consider how they can be shared with the public.

Maternity review

SS provided an overview of a Maternity Survey which Healthwatch Cumbria had undertaken advising that there had been 1,234 responses to an on-line survey. In addition there had also been hundreds of facilitated conversations with women and families at drop in sessions and attendances at existing local groups where mothers meet with their children. This had provided extensive feedback and created a clear picture about what women and their families consider to be important for providing great maternity services. SS thanked everyone that had been involved in this engagement process.

Mental Health Event

In response to a question from JR, PR advised that it was anticipated that the Mental Health Strategy would be completed in February 2016.

Resolved: The update be noted.

GB 101/15

AGENDA ITEM 06: Better Care Together – An Accountable Care System for Morecambe Bay

HR presented the report outlining in detail the options specified in the report.

In response to a question from JR, HR confirmed that this report detailed options that were being considered by 11 partnership organisations. Each organisation was being asked to support in principle a Shadow Accountable Care System being established from the 1 April 2016. If this was agreed, a formal memorandum of understanding would then be developed for further consideration by the Governing Body and the Full Council of Members (as necessary). Members were also advised that Clinical Leads had been involved in discussions which had led to the compilation of these proposals.

In response to questions from the Chair it was confirmed that the next step would be to define which services would be provided as part of this system. HR confirmed that the Governing Body was not being asked to formally commit to a full accountable care system, but were being asked to support the process of the different organisations working together to develop a single vision, align objectives and explore a single approach for a future system. It was acknowledged that the use of the term “shadow” was potentially confusing.

In response to a question from JR, HR confirmed that to the best of his knowledge Morecambe Bay University Hospitals NHS Foundation Trust, Cumbria Partnership Foundation Trust, two GP Federations, NHS Lancs North CCG, NHS Blackpool CCG and the Lancashire Care NHS Foundation Trust had all supported the creation of a Shadow Accountable Care System subject to their comments being taken into account.

Proposed by Les Hanley, seconded by Rachel Preston;

Resolved: Option 2 of the report be approved subject to certain conditions to be agreed by the Governing Body Members outside of this meeting. These conditions will be appended to the minutes of this meeting.

GB 102/15

AGENDA ITEM 07: Clinical Commissioning Group Annual Assurance 2014/15

HR presented the report highlighting the key points and agreed actions detailed in the letter.

In response to a question from the Chair, HR confirmed that quarterly meetings with NHS England took place to review performance/issues. This letter was the sign off of those quarterly assurance meetings.

In response to a question from SS, PR advised that assurance was provided to NHS England in various forms including:

- the CCG’s annual planning process
- submissions to NHS England on performance, finance etc
- NHS England observing work undertaken by the CCG

Resolved:

1. The contents of the letter be noted, in particular the key points and agreed actions;
 2. The CCG's Annual Assurance letter 2014/15 be published on its website.
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GB 103/15

AGENDA ITEM 08: Cumbria Transformation Plan – Transforming Services for Children and Young People's Emotional Health and Mental Wellbeing in Cumbria – CCG Summary

NJ presented the report outlining the requirements for transformation plans to be developed and detailed the work that the CCG and its partner organisations would be undertaking to deliver the Cumbria Transformation Plan.

In a response to a question from JR, NJ outlined the engagement which had taken place (including a Childrens network event) and detailed further engagement planned.

PR praised the work which had been undertaken and which had resulted in improved services for challenged children.

Resolved: The Cumbria Transformation Plan and its key priorities be noted.

GB 104/15

AGENDA ITEM 09: Health & Wellbeing Strategy 2016 - 19

HR presented the report advising that the strategy outlined a case for change and a new approach for the provision of services in Cumbria and has been aligned to both the Success Regime (north of the County) and the Accountable Care System (south of the County).

HR advised that the Health & Wellbeing Board had acknowledged that it needed to ensure that future documents were more "user friendly and easier to read" for the public. General discussion ensued around the use of language and HR agreed to feed back to the Health & Wellbeing Board that there needs to be a consistent use of terminology across all the programmes (Success Regime, Accountable Care System, Mental Health Strategy, Health & Wellbeing Strategy etc.)

Resolved: The Joint Health and Wellbeing Strategy as agreed by Cumbria Health and Wellbeing Board be noted.

GB 105/15

AGENDA ITEM 10: Cumbria Learning & Improvement Collaborative (CLIC) Six Month Report April – September 2015

SSi presented the report outlining some of the work which had been undertaken during the last six months (as detailed in the report). Members were also advised SSI had been appointed as the Medical Director to the Success Regime for the West, North and East of Cumbria for two days. He will also continue in his role as Clinical Director of Innovation for the CCG.

In response to a question from CW, SSI advised that the process for evaluating CLIC's success and its value for money was aligned to CLIC and therefore would not be able

to be utilised in other areas.

Resolved: The update be noted.

GB 106/15

AGENDA ITEM 11: Full Council of Members

HR presented the report highlighting that the Full Council of Members had determined the following:

- the extension of the contracts for the Lay and non-executive Clinical Members of the Governing Body from 1 April 2016 to 31 March 2017.
- endorsed the General Practice Development Plan (as detailed in Appendix 1 to the report)

Resolved: The outcomes of the Full Council of Members meeting held on 19 November 2015 be noted.

GB 107/15

AGENDA ITEM 12: Quality Report

RT presented the report reminding Members that this report was a redacted version of the report which was presented to the Outcomes & Quality Assurance Committee and considered in full.

General discussion took place around the various issues highlighted in the report.

In response to a question from JR, RT confirmed that where the CCG had not been assured that the outstanding percentage of duty of candour had been achieved further assurance was being sought through the Quality Resilience Group (QRG).

Members requested that in future reports the section appertaining to Cumbria Partnership Foundation Trust be separated into the north and south of the County.

Resolved: The report be noted.

GB 108/15

AGENDA ITEM 13: Performance Report

PR presented the report highlighting the following key issues (as detailed in the report):

- Cancer waiting times
- A&E 4 hour wait
- Ambulance response standards

Discussion took place around what happens when standards were continually not being achieved. HR advised that NHS England was well aware of the issues in Cumbria and acknowledged that the system as a whole was very stressed, hence the systems being put in place to effect change.

Resolved: The report be noted.

GB 109/15

AGENDA ITEM 14: Finance Report

CW presented the report and detailed the actions being taken as part of the CCG's Financial Recovery Plan. He also advised discussions were ongoing over Local Tarrif

Modification and as yet there was no resolution.

Resolved: The report be noted.

GB 110/15

AGENDA ITEM 15: Minutes of:

Audit Committee

- 20 July 2015

Clinical Leads Group

- 15 October 2015

Finance & Performance Committee

- 23 September 2015
- 21 October 2015

Locality Executives:

Allerdale:

- 10 September 2015
- 08 October 2015

Carlisle:

- 23 September 2015

Copeland:

- 27 August 2015
- 24 September 2015

Eden:

- 25 June 2015
- 27 August 2015

South Lakes:

- 03 September 2015

Resolved: The minutes be received for information.

GB 111/15

Agenda Item 16: Any other urgent items of business

There were no urgent items of business.

GB 112/15

Agenda Item 17: Questions from members of the public present

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

GB 113/15

Agenda Item 18: Date and time of next meeting approved:

The next meeting will be held on Wednesday 3 February 2016 at Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

The meeting closed at 16:00

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

Bernard Courtney – Ley Representative for Copeland Locality

1. *Could the CCG advise where West Cumberland Hospital job vacancies are advertised? They do not seem to be on the NHS or NCUHT websites.*

After checking with the Trust, PR confirmed that there was currently a mix of jobs for both the West Cumberland and Carlisle Infirmary on NHS Jobs and there was a link on the front page of the Trusts website which re-directs people to NHS Jobs.

2. *Could the CCG advise how patients deaths at home before an ambulance arrives are taken into account in the NCUHT death statistics?*

The Chair confirmed that these figures are not included in NCUHT death statistics.

3. *What is the CCG doing to improve the lifespan of people who live in the wards with the lowest lifespan?*

PR advised that a recent press report had published a set of indicators regarding this. He confirmed that this was a complex issue and there were big variations of up to 10 years in some areas in the west of the County. The Health & Wellbeing Board (of which the CCG is a Member) has developed a Strategy which includes working closely within partnerships, including public health, to address these issues and reduce the variations.

Sue Gallagher – Lay representative for Allerdale Locality

Re: Item 11 – page 10 – Can you clarify the Locality PPG forums please? Are they up and running? Are they in response to the NHS requirements for all GP practices to have a PPG?

RP advised that all practices aspire to having them and are working towards establishing them.

JR confirmed that discussions were taking place to drive the development of these groups forward and the CCG was supporting its Members on this.

Evelyn Bitcom

1. *Has this been recognised by the CCG and included in the refreshed Health & Wellbeing Strategy (2016-19) the JSNA and the joint work within the H&WB Board please?*

There are a number of vulnerabilities that can lead to increased risk of poor mental health in children and young people, having caring responsibilities is well recognised as one of these. The health and Wellbeing strategy is being led by the Director of Public health and this group of Children and Young people has been clearly identified in the JSNA.

2. *Will any work looking into their mental health & wellbeing be assisted by the NEW Triangle of Care for Young Carers and young adult carers produced by the Carers Trust recently?*

The Children and Young people emotional wellbeing and mental health transformation plan is an evolving plan that will influence both the planning of Mental Health services as well as the whole

system approach to emotional wellbeing and mental health. Any changes that are made to the plan will be influenced by developing best practice and will be agreed across the partnership. The needs of young carers is a shared responsibility between the CCG and the County Council and will undoubtedly be revisited over the course of the next five years. I cannot at this stage advise whether the specific publication referred to will be explicitly incorporated as we have not yet had the opportunity to consider its inclusion. However I can advise that having had it drawn to our attention that it will be considered in this way.

3. Please may I ask if the current work is sufficient for the needs of young people (Caring) in Cumbria?

It is acknowledged that the current provision for meeting the emotional wellbeing and mental health needs of children and young people in Cumbria is not sufficient, hence the need for both a Transformation Plan and the whole system approach that the partnership is implementing. The reason for this lack of sufficiency has a number of relevant factors; changing needs of children and young people as a result of changes to the pressures on children and young people; changes to the way services are being provided including education, social care and health services; and changing expectations from those services. These affect all children and young people including of course those with caring responsibilities.

The programmes of change that are underway, both to specialist services and to the services that contribute to the whole system approach, are long term programmes of change that involve both the development of individuals with specific expertise not currently available, and changing the culture of services.

If asked whether in five years services would be sufficient to meet the needs of all children and young people including those with specific vulnerabilities again I could not say with absolute certainty that they will do so, because in that time further changes will occur which will influence the level of need. However what I am sure of is that the proposed developments will make a significant improvement in the levels of support available and as the five years elapses there will be further opportunities to determine whether children and young people with specific needs are having those needs met fully, and if not adjustments can, and will, be made to the commissioning of services.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item 17

There were no questions raised under this item.

As agreed under minute GB 101/15 the following is a note of the conditions agreed by the Governing Body at its Development Session on 6 January 2016.

1. Clarification is required on what the term “shadow” accountable care system means.
2. Need to clarify how the leadership of this system will be identified.
3. Need clarification on what responsibility the leadership will have, particularly during the “shadow” period.
4. Need to ensure that there is capacity within the local system to deliver this programme.
5. The importance of Primary Care to the success of this programme is key and needs to be more explicit.
6. There will need to be significant culture change with the system to achieve the objectives of the ACS (this will be challenging but needs to be identified as a key enabler).