

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

Wednesday 5 October 2016, 13:00

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

Present:	Ruth Gildert	Registered Nurse (RG)
	Geoff Jolliffe	Interim Clinical Chair (JG)
	Les Hanley	Lay Member (Health Improvement) (LH)
	Rachel Preston	Lead GP Representing the North of the County (RP)
	Hugh Reeve	Interim Chief Clinical Officer (Chair) (HR)
	Jon Rush	Lay Member – Public Engagement (JR)
	Peter Scott	Lay Member – Finance & Governance (PS)
	Charles Welbourn	Chief Finance Officer (CW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Stephen Childs	Chief Executive (SC)
	Julie Clayton	Head of Communications (JC)
	Helen King	Director of Nursing & Quality (HK)
	Caroline Rea	Director of Primary Care (CR)
	Eleanor Hodgson	Director for Children and families (EH)
	Brenda Thomas	Governing Body Support Officer

GB 37/16 AGENDA ITEM 01: Chairs Welcome and Apologies

Peter Scott chaired the first three agenda items due to Hugh Reeve being delayed in traffic.

The Chair welcomed everyone to the meeting and introduced Stephen Childs, the CCG's newly appointed Chief Executive.

Apologies were received from David Rogers – Medical Director, Anthony Gardner – Network Director and Peter Rooney – Chief Operating Officer.

GB 38/16 AGENDA ITEM 02: Declarations of Interest

There were no declarations of interest declared.

GB 39/16 AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 3 August 2016 & Action Log

Resolved:

1. The minutes of the meeting were agreed as a true record subject to the following amendments:

Page 5, GB 29/16, 4th paragraph, last sentence be amended to read “RG expressed concerns that there was a perpetual problem with training on a national level which could result in there not being enough nurses trained to meet future demand.”

Page 6, GB 30/16, 6th paragraph be amended to read “Members of the National Confidential Inquiry (into Suicide and Homicide by people with Mental illness) Team (including Professor Louis Appleby) were expected to visit CPFT and participate in a local conference about unexpected deaths providing expert leadership and guidance. ”

Page 7, GB 32/16, 7th paragraph be amended to read “TP advised PS that where the CCG was behind, the financial plan savings had been built into the forecast”.

2. Action References 06/16-17 and 07/16-17 be marked as completed.

PS also thanked Geoff Jolliffe for the work he had undertaken as Interim Clinical Chair of the CCG.

Hugh Reeve joined the meeting and took the Chair.

GB 40/16

AGENDA ITEM 04: Questions from members of the public present

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

GB 41/16

AGENDA ITEM 05: Clinical Chair and Chief Executive Report

SC introduced himself and provided a summary of his NHS experience to date as outlined in the report. He stated that he was really pleased to have been given this role and was looking forward to supporting the CCG through the challenging times ahead.

SC presented the report advising that most of the items referred to in the update were included on the agenda.

In response to a question from JR, SC confirmed that the time table for the planning and contracting rounds/submissions was challenging, however the CCG was confident it could complete the required work to meet the specified deadlines required.

Resolved: The update be noted.

GB 42/16

AGENDA ITEM 06: Consultation on the Reconfiguration of Mental Health Inpatient Services

SC presented the report advising that having undertaken a number of critical milestones/work and events with key partners and stakeholders feedback had been received which meant it would be prudent to delay the commencement of the above consultation.

SS advised that the recommendation in the report should read April 2017 not 2016.

She also stated how important it was to engage and inform people/patients to ensure that they helped to shape any changes made.

General discussion ensued and it was confirmed that the engagement of stakeholders had generated other options for consultation which the CCG now intended to explore.

JR asked if there was sufficient capacity within the CCG to lead and drive this piece of work with all the other consultations which were ongoing. In addition he was keen to ensure that there was a plan in place and that work would continue and not grind to a halt until April. JC confirmed that Janice Horrocks the Deputy Director of Mental Health had undertaken a large amount of engagement work with the Mental Health Partnership and that engagement will continue over the next few months. An update would be provided at the next meeting.

Proposed by Geoff Jolliffe, seconded by Rachel Preston;

Resolved: The commencement of the consultation on the reconfiguration of adult inpatient mental health beds be delayed until April 2017

GB 43/16

AGENDA ITEM 07: NHS Cumbria CCG and Lancashire North CCG Commissioning Boundary Change Process

CW presented the report highlighting the key impacts of the proposed boundary change especially in relation to the contracting round. He further advised that in order to appropriately transact the boundary change, a range of tasks and activities were required to be completed (as outlined in the report).

CW also confirmed that NHS England had provided additional resources to enable both NHS Cumbria and NHS Lancashire North CCGs to appoint a Transition Director. Julie Haywood had been appointed to this role and would programme manage the process. As part of that process a joint Boundary Change Group had been established and approval was being sought for the Terms of Reference (attached to the report) of that Group.

In response to a question from LH, CW confirmed that a transition action plan had been developed and a monthly update report against that plan would be presented at every Finance & Performance Committee.

HR confirmed that in respect of the decision making on the boundary change both CCG's would have to ensure that it met its own Constitutional requirements in terms of any decisions being taken and NHS England would need to ultimately approve any Constitutional changes that either CCG would develop.

PS sought assurance that a risk assessment would be undertaken to establish that the boundary change was the right thing to do. CW confirmed that both CCG's would need to go through a due diligence process and any risks would be included in the CCG's Risk Register. SC clarified that a risk assessment would be undertaken and presented to the relevant committee.

SS and LH stated that there needed to be a clear communication on how these

changes would impact on patients especially in light of all the other changes taking place within the Success Regime, Better Care Together etc. CW advised that because this was a boundary change and not a geographical change there was unlikely to be any impact to patients. However the boundary change would align with the footprints of the Success Regime, Better Care Together and the development of the Strategic Transitional Programmes (STPs).

In response to a question from JR, it was confirmed that the Full Action Plan would be presented to the Finance & Performance Committee in October 2016. Thereon after an update/exception report would be provided every month at the said committee.

Discussion ensued around the HR processes being undertaken for all involved including staff, Lay Members and GP Leads. It was confirmed that Jen Lawson, the CCG's General Manager and Jenna McGuinness, North East Commissioning Support whom provided the CCG's HR function, both attend the Boundary Change Group meetings to ensure appropriate HR requirements are being adhered to throughout this process.

In response to a question from JR, CW confirmed that in addition to the Boundary Change Group two Transitional Executives were in place, one for Morecambe Bay and the other for North Cumbria. The Executives also received regular reports on all the processes being undertaken to effect a smooth transition both in terms of staff and operational requirements.

In response to a question from LH, CW confirmed that it was the role of both CCGs' Transition Executives to manage the impact of the boundary change for partner organisations such as Cumbria County Council.

RP stated that it was important that the staff were fully engaged and supported through this change. EH advised that there had been a major amount of work undertaken to engage with staff including staff events, one to one meetings with Directors and line managers, team meetings and through the Staff Engagement Group.

Proposed by Peter Scott, seconded by Jon Rush

Resolved:

1. The Terms of Reference attached to this report be approved
2. The initiation of the Boundary Change Group be noted

GB 44/16

AGENDA ITEM 9: NHS Cumbria CCG Legal Directions from NHS England

SC presented the report advising that the CCG was one of 26 CCGs which had received legal directions from NHS England (NHSE). He outlined the five key areas as detailed in the report and stated the organisation was aware of how serious this was and the CCG was developing an action plan.

Some concern was expressed that the progress to meet the legal directions to strengthen the senior leadership of the CCG had been hampered by NHS England's

actions, and this concern of the Governing Body should be made clear to NHSE.

Discussion ensued and it was agreed that, notwithstanding the comments above, the CCG need to develop and implement an improvement plan to address the issues highlighted in those five key areas.

Resolved: The contents of the report and the actions being undertaken to comply with the requirements of the Legal Directions be noted.

GB 45/16

AGENDA ITEM 08: Consultation into changes at Helme Chase Midwife-led Unit in Kendal

EH presented the report outlining the following:

- What the CCG was consulting on
- Impact of the change
- Engagement of local women
- Open day at Helm Chase due to take place on 7 October 2016 which will promote the services on offer
- Consultation ends on 4 November 16 – findings will be reported back to the County Council’s Health Scrutiny Committee early in 2017

In response to a question from RG, JC confirmed that the consultation documents had not been forwarded to the Universities, just the schools. However she would forward them to the Universities.

Resolved: The update be noted

GB 46/16

AGENDA ITEM 10: West North and East Cumbria Success Regime Consultation Document

SC presented the report advising that the role of the CCG was to oversee the process and to draw in as much feedback/information as possible to ensure it can reach a rounded decision at the end of the process.

JC outlined the process to date as follows:

- Consultation commenced on 26 September 2016
- 482 responses on the consultation website to date
- Easy read consultation document hand delivered to all GP practices in the localities of Allerdale, Carlisle, Copeland and Eden
- Large print documents have been supplied when requested
- 17 public meetings arranged to date and, where possible, officers would attend local groups
- Healthwatch Cumbria ‘Chatty Van’ out on streets to highlight consultation process throughout November

In response to a question from LH, JC advised that if people were not getting a response from the Success Regime they could be given her contact details and she would ensure they were responded to.

In response to a question from JR, JC confirmed that the majority of the addendums to the consultation document were on the website. There was just a small number which were outstanding and it was understood these would be on the website by the end of the week.

In response to a question from GJ, JC advised that all responses would be analysed by an independent assessor and the outcomes would be published in February 2017.

SS stated that it was important to know who to direct people to for an informed conversation about the proposed changes but it was also essential for people to be reminded that this was not a vote.

Concern was expressed around the key risks to this process, especially in light of the changes being proposed. Members considered it important to ensure these risks were identified and logged especially in light of the perceived lack of public confidence in the process. LH stated that there was a lack of trust in the process because the Success Regime proposals were seen as just the latest set of proposals over the last 10 years. Previous proposals which had been consulted on and supported had never been delivered and this had led to that lack of confidence.

SC stated it was important that there was confidence in the process which is why it was critical to get to as many people as possible. LH requested that the 'Chatty Van' be available in the evening and weekends and not just during the course of the day. SS advised that a schedule of when and where the van would be available was being drafted and she would endeavour to be as flexible as possible but it was subject to staff availability.

In response to a question from RG, JC confirmed that all Parish Councils had been made aware of the process and provided with the consultation documents.

Resolved: The update be noted

GB 47/16

AGENDA ITEM 11: Quality Report

HK presented the report highlighting the key issues detailed in the report. She also advised that she was in the process of revising the template for the Quality Report which she envisaged would be ready for April 2017.

The Chair advised he was encouraged that the reporting around the Serious Incident Reporting Management System (SIRMS) was starting to grow. Discussion ensued around embedding a learning system across all organisations (i.e. trusts, CCG, GP's etc). It was considered that this was something that could be included as part of the transition arrangements with the support of the Cumbria Learning and Improvement Collaborative (CLIC).

LH stated that there were ongoing themes throughout the report and Members had requested, on a number of occasions, that the report also included outcomes/actions taken to resolve issues. He further stated that this was critical as part of the assurance process for the Governing Body.

It was also requested that there be more information around the Nursing Homes

which would include the monitoring process, what training and help has been offered to help improve, was CLIC being utilised to support, was there sufficient nurses available in the system and what work was the CCG was taking in conjunction with Cumbria County Council (CCC).

In response to a question around the number of Unexpected Deaths reported by Cumbria Partnership NHS Foundation Trust (CPFT) outlined on page 23 of the report, HK confirmed that these had been checked with public health comparators and they were high. Serious Incident and Soft Concern Operational Group (SISCOG) were currently looking into these with CPFT. RG also stated that there were a number of outstanding reports from CPFT which also needed to be looked into.

Resolved: The report be noted

GB 48/16

AGENDA ITEM 12: Performance Report

CW presented the report which had also been scrutinised at the Finance & Performance Committee. He highlighted the following key issues:

- Cancer services – showed some deterioration in meeting national standards required. However diagnostics have seen significant improvement with the CCG and NCUHT delivering against this standard for the first time this year, and for the first time since 2013.
- Work being undertaken to evaluate high level of ambulance activity details of which will be reported back at the December 2016 Governing Body meeting.

Discussion ensued around admissions and excess bed days. It was acknowledged that there was a national increase to admissions and trends were being analysed in an endeavour to address any issues leading to the increase. However to date there did not appear to be any significant factors that have been identified. In relation to excess bed days it was advised that CLIC were facilitating a rapid improvement workshop on one of the wards at the North Cumbria NHS Acute Trust (NCAT) to work through the pathways and identify any areas for improvement.

The Chair advised that the performance measures for 111 showed signs of encouraging improvement although there was a worrying lack of improvement on the 'warm call transfers'. In response to a question from the Chair, CR explained calls to 111 were answered by a non-clinical operator. A warm call transfer meant the operator had established that the call needed to be put through to a clinician. Cumbria also has a system in place that if a 111 clinician is not available within 10 minutes then the call will be put through to Cumbria Health On Call (CHOC).

Resolved: The update be noted

GB 49/16

AGENDA ITEM 13: Finance Report August 2016

CW presented the report advising that as of August 2016 the CCG were predicting it would achieve its planned deficit of £8.5 m. However the CCG faced significant risks relating to both the underlying financial trends arising from the year to date position and issues that had not yet been factored in owing to the expected timing of

transactions. It was also noted that the CCG was currently developing a financial recovery plan in accordance with the legal directions issued by NHS England in September 2016.

Resolved:

1. The year to date financial position outlined above and the associated risks be noted
 2. The need to undertake further and on-going actions to address cost pressures through a financial recovery process as a matter of urgency and in accordance with NHSE's directions be noted
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GB 50/16

AGENDA ITEM 14: Minutes of:

Clinical Leads Group:

- 21 July 2016 (as circulated at the meeting)

Finance & Performance Committee:

- 20 July 2016

Locality Executives:

Allerdale

- 14 July 2016

Carlisle

- 27 July 2016

Outcomes & Quality Assurance Committee

- 15 July 2016

Resolved: The minutes be received for information.

GB 51/16

Agenda Item 15: Any other urgent items of business

There were no urgent items of business.

GB 52/16

Agenda Item 16: Questions from members of the public present

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

GB 53/16

Agenda Item 17: Date and time of next meeting approved:

The next meeting will be held on Wednesday 7 December 2016 commencing at 13:00 at The Stoneybeck Inn, Penrith, Cumbria. CA11 8RP

The meeting closed at 16:02

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

There were no questions from Members of the Public under item 4 on the agenda.

Questions & Answers from Members of the Public - Agenda Item 16

Sue Gallagher – Lay Representative for Allerdale

Agenda Item 8 – NHS Cumbria CCG Legal Directions from NHS England

I have looked on line at the CCG's response to NHS England on the directions, can you advise as to whether you have received a response from NHS England on the CCG's comments?

The Chair advised that a response had been received which had provided clarity as to what was expected of the CCG.

Agenda Item 10 – West North and East Cumbria Success Regime Consultation Document

Cumberland News had dubbed ICC's in dismissive terms and reported that 600 beds were closing. Do you ever get back to editors to correct inaccuracies?

JC confirmed that yes the CCG does contact the editors. In this particular incident Cumberland News published an apology the following week and also a letter from Stephen Eames which pointed out this was an error and also appealed for members of the public to take part in the consultation.

Evelyn Bitcom

Agenda Item 6 – Consultation on the Reconfiguration of Mental Health Inpatient Services

Can I seek Assurance that the 12 recommendations within the (2016) Lord Crisp Commissioning Report will be serviced by a 'Deep Dive' to ensure the years of historical Mental Health Problems services will be rejuvenated. I ask this question as since the Closer to Home Consultation (which was undertaken by the then Primary Care Trust (PCT)) there has been a lack of trust in the service delivery.

The Chair confirmed that the 12 recommendations would definitely be considered.

Agenda Item 10 – West North and East Cumbria Success Regime Consultation Document

As queried previously why has Mental Health Primary Care Services been excluded from this consultation process? I ask how Parity of Esteem relevant to the Government /NHSE Health Economy can be covered and accounted for sustainability in this consultation.

The Chair advised that this question had been answered at the meeting on 3 August 2016 and was recorded in Appendix 1 of the minutes.

Are the consultation documents available in the Hospital/Clinics around the area?

Julie Clayton confirmed that these had been hand delivered to practices, hospital, clinics, libraries etc across the whole area of consultation. In response to being advised that people had tried to obtain a copy from one of those locations but was unable to get one, Julie Clayton advised that she would

happily forward copies to anyone that wanted one. In addition she advised that they were in the process of sending out further copies to places which had advised they had run out.

Would the CCG consider being involved in a honest debate with MP's and providers?

The Chair confirmed that the CCG would consider every means to get the message across and seek the public's views.

Liz Clegg

Just to advise that I emailed Julie Clayton for a set of consultation documents and received them in the post on Thursday – so thank you.