

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 7 December 2016
The Stoneybeck Inn, Bowscar, Penrith. CA11 8RP

Present:	Ruth Gildert	Registered Nurse (RG)
	Geoff Jolliffe	Lead GP Representing the South of the County (JG)
	Rachel Preston	Lead GP Representing the North of the County (RP)
	Jon Rush	Lay Member – Public Engagement (JR)
	Peter Scott	Lay Member – Finance & Governance (Chair) (PS)
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Anthony Gardner	Network Director South (AG)
	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)
	Peter Rooney	Chief Operating Officer (PR)
	Brenda Thomas	Governing Body Support Officer
	John Underwood	Deputy Chief Executive - Freshwater (JU)

GB 54/16

AGENDA ITEM 01: Chairs Welcome and Apologies

Peter Scott welcomed everyone to the meeting and advised he would be chairing the meeting due to Hugh Reeve being unable to attend. Apologies were received from Hugh Reeve – Clinical Chair, Les Hanley – Lay Member for Health Improvement and David Rogers – Medical Director.

GB 55/16

AGENDA ITEM 02: Declarations of Interest

There were no declarations of interest.

GB 56/16

AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 5 October 2016&Action Log

Resolved:

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

Page 2, GB 39/16, Agenda Item 3, paragraph 4 be amended to read 'where' instead of 'were'.

Page 7, GB 49/16, Agenda Item 13, should read Finance Report August 2016 and not June 2016.

2. Action Reference: 10/16-17, Minute Reference: 43/16, the deadline be amended to read 'ongoing'.
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GB 57/16

AGENDA ITEM 04: Questions from members of the public present

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

GB 58/16

AGENDA ITEM 05: Clinical Chair and Chief Executive Report

SC highlighted the following areas which were included in the report:

- Bay Health & Care Partners
- Better Care Together
- Strategic Transformation Plans (STPs)
- Helme Chase Maternity Consultation – final report to 1 February 2017 Governing Body meeting
- GP Co-commissioning

RG made an observation around the use of acronyms in reports as not everyone will know what they mean.

In response to a question from JR, SS advised that the Mental Health Partnership was a forum which meets every two months with representatives from a network of services users.

In response to a question from JR, CW advised that CoIN stood for the Community of Investment Networks.

Resolved: The update be noted.

AGENDA ITEM 06: Progress Report on Healthcare For The Future Consultation

PR apologised for the error in the title of this item on both the agenda and coversheet and confirmed that it should have been headed 'Progress Report on Healthcare for the Future Consultation' and not 'West, North and East Cumbria Success Regime Consultation Document'.

JU presented the report highlighting the following:

- The consultation was to ask people living in West, North and East Cumbria to consider options for change in six clinical services
- Since the launch of the consultation there had been a variety of meetings with the public, stakeholders and NHS staff
- Almost 20,000 copies of the printed consultation document had been distributed to GP surgeries, community hospitals, acute hospitals, libraries, and local authority buildings
- The consultation document was also available on the website and feedback can be submitted online
- Consultation closes on 19 December 2016 and all feedback will be independently analysed

Members acknowledged the resources and endeavours which had gone into the number of events and opportunities which had been made available for people to present their views through public meetings, visiting the Healthwatch Cumbria 'Chatty Van', online or by post.

Discussion ensued around how the feedback would be analysed and independently assessed, including how that would inform the Governing Body's decision making process. SS confirmed that Healthwatch Cumbria, to date, had received feedback in various forms from over 3600 people and this would be translated into a Healthwatch report which would be fed back into the consultation process.

Members confirmed that the Governing Body was not pre-empting the outcomes of the consultation and reiterated that it would only make its decision after all the alternatives and feedback had been reviewed, independently evaluated and considered in full.

JU advised that the quality of the analysis report was critical to the Governing Body making an informed decision. The report was being compiled by The Campaign Company, a partner of the Consultation Institute, and it would not seek to give the Governing Body answers but would give them the views from the consultation process and would be one of the factors that will inform the CCG's decision.

Resolved: The update be noted.

AGENDA ITEM 07:

NHS Cumbria CCG Assurance and Formal Directions

PR presented the report outlining the actions taken by the CCG including the development of an Improvement Plan and Financial Recovery Plan. He also advised that NHS England (NHSE) had commissioned PricewaterhouseCoopers (PwC) to review the CCG Improvement Plan during December 2016. The CCG would provide documentary evidence to PwC to demonstrate progress on the Improvement Plan on 9 December 2016.

Resolved: The update and progress made in addressing the CCG assurance position and the formal directions placed by NHS England be noted.

Organisational Development (OD) Strategy

EH presented the report advising that the OD Strategy and Action plan had been developed and designed to strengthen and further develop the CCG's approach to OD whilst recognising the major challenges being faced both currently and in the future.

The plan was praised but concerns were expressed around the capacity to deliver and how the cultural change required to deliver the plan would be achieved across the whole healthcare system.

In response to a question from RG, EH confirmed that the Governing Body would be assured that the plan was being actioned by monthly updates to the Leadership Team and regular update reports provided to the Finance & Performance Committee.

Proposed by Rachel Preston, seconded by Jon Rush;

Resolved: The Organisational Development Strategy and Action Plan be approved.

EH thanked Michelle McGuigan from NHS North of England Commissioning Support Unit for her help in the development of Strategy and Action Plan.

AGENDA ITEM 8: NHS Cumbria CCG Transforming Care Programme - Learning Disabilities

HK presented the report advising that it had been produced in conjunction with Janice Horrocks, Deputy Director for Mental Health and Learning Disabilities Commissioning and outlined the key factors detailed within the report.

In response to a question from the Chair, HK confirmed that the demographics were that Learning Disabilities (LD) and Autism were on the increase.

HK confirmed that public awareness will change and therefore there will be far more services and support which will be from within their own community.

In response to a question from JR, PR confirmed that in addition to the Transforming Care Partnership there was also a Learning Disabilities Partner Group. He also

advised that the CCG in conjunction with Cumbria County Council (CCC) was required to complete an LD Self Assessment. It was agreed that the LD Self Assessment be presented to the Governing Body once submitted.

Resolved: The report be noted.

GB 62/16

AGENDA ITEM 09: NHS Cumbria CCG Draft Operating Plan 2017/19

PR presented the report advising that this is a draft and therefore some further amendments required.

In response to a question from the Chair, SC confirmed that delivery of the plan would need to be undertaken in conjunction with partners across the system. Therefore there would be a matrix behind the plan that would detail who would own and monitor specific areas of work.

Discussion ensued and Members challenged whether or not there was the capacity within, not only the CCG, but the system as a whole for the delivery of the plan. It was confirmed that whilst everything contained in the plan was 'a must do' and had been compiled in line with the guidance, the volume of work would need to be prioritised in order to be achieved.

Resolved: The contents of the plan for be noted.

GB 63/16

AGENDA ITEM 10: Full Council of Members Report and the Clinical Commissioning Group Boundary Change

SC presented the report confirming the Membership had approved the changes to the CCG's Constitution to affect the boundary change which would transfer of the Furness and South Lakes practices to a new Morecambe Bay CCG. The practices in Allerdale, Carlisle, Copeland (with the exception of Millom) and Eden would form a north footprint CCG.

It was noted that due to an administrative error, Appendix 1 of the report had not been attached to the document. However this had been noted and had been added to the CCG's website.

Resolved: The report and outcomes from the Full Council of Members be noted.

GB 64/16

AGENDA ITEM 11: Sustainability and Transformation Plans for Cumbria

PR presented the report advising that the NHS Shared Planning Guidance had asked every local health and care system in England to come together to create their own ambitious local Sustainability and Transformation Plans (STPs).

PR confirmed that Cumbria falls within two STP footprints. The STP for Lancashire and South Cumbria was published on 11 November 2016 and will build on the work being carried out through the Vanguard Better Care Together programme. The STP for the West, North and East (WNE) Cumbria was published on 21 November 2016 and, was the smallest STP footprint in England, which was currently part of the WNE Cumbria Success Regime. However, Members were reminded that whilst the STP for

WNE Cumbria builds on the plans developed through the Success Regime it in no way pre-judges the outcome of the current *Healthcare for the Future* consultation.

Resolved: The plans for West, North and East Cumbria and Lancashire and South Cumbria be noted.

GB 65/16

AGENDA ITEM 12: Assurance Framework

CW presented the report advising that the Assurance Framework was a ‘top down’ document that enables the Governing Body to identify the key risks to the CCG achieving its strategic objectives and the work programmes required to mitigate those risks.

CW confirmed that the Assurance Framework was scrutinised at both the Audit and Finance & Performance Committee in order for the Governing Body to have assurance that the processes behind the framework were in place and that action was being undertaken within the day to day work of the CCG to mitigate those risks.

In response to a question from the Chair, CW confirmed that work was being undertaken to ensure any known risks as part of the boundary change process were being documented and would form part of a formal handover document.

SS sought assurance from the Governing Body on behalf of the public that it was sighted on the risks contained within the document and how it would ensure that the CCG took the necessary steps to mitigate the risks going forward.

SC confirmed that the Governing Body was very sighted on the risks and reiterated that they were regularly considered by the Leadership Team and Committee’s of the Governing Body to ensure that they were regularly monitored and updated. However, he also stated that those risks with a red rating were system wide issues and need to be address with partners across the County.

SS stated that people’s experience of collaborative working across Cumbria was not good. Hence the need for seeking assurance.

PR advised that the public could be reassured that the CCG had been transparent in identifying risks and that it has ensured that the mitigation to those risks were sufficient. He also confirmed that the register appended to the report only denoted the high level risks and did not show the risks ‘RAG’ rated green.

Proposed by Jon Rush, seconded by Geoff Jolliffe;

Resolved:

1. The updated assurance framework be approved
 2. The ongoing work in relation to updating the risk register and the identification and separation of risks for the Morecambe Bay CCG be noted
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GB 66/16

AGENDA ITEM 13: Conflicts of Interest

CW presented the report confirming that the Audit Committee been monitoring the CCG’s implementation of NHEngland’s revised statutory guidance on Conflicts of

Interest, which was published in June 2016. In November 2016 the Finance & Performance Committee approved the attached Business Code of Conduct Policy which details how the CCG will maintain and monitor its register of interests.

Resolved: The report be noted

GB 67/16

AGENDA ITEM 14: Quality Report – August & September 2016

HK presented the report highlighting the closure of a Care Home in North Cumbria, due to quality and safety concerns resulting in 26 nursing beds being removed from the system. Therefore the assurance of capacity and capability in the care sector remains a concern.

JR requested that the CCG and CCC provide a report around the care home sector in Cumbria to a future meeting of the Governing Body. He also requested that a report around complaints be submitted to the Outcomes and Quality Assurance Committee.

Resolved: The report be noted

GB 68/16

AGENDA ITEM 15: Performance Report

PR presented the report confirming it had been scrutinised at the Finance & Performance Committee in November 2016.

Discussion ensued around the marked difference in the performance against the Cancer waiting time and it was agreed that the 31 day trend data be circulated to Governing Body members.

JR stated that whilst the trends on the Friends & Family test had increased they were still disappointing. He also confirmed that whilst he had heard the reasons for this he would continue to monitor this.

In response to a question from the Chair, PR confirmed that winter could put extreme pressure on the system but this was closely being monitored.

Resolved: The report be noted

GB 69/16

AGENDA ITEM 16: Finance Report October

CW presented the report stating that whilst there was a lot of work being undertaken on the Cost Improvement Programme there was still a projected overspend of £3m above the agreed deficit of £8.5m. To date there was still no news on the Local Price Modification. Further work was being undertaken in conjunction with North of England Commissioning Support (NECS) to try and identify ways of working differently and reducing costs.

In response to a question from the Chair, CW confirmed that winter pressures could impact further on the CCG's financial position.

Resolved: The report be noted

GB 70/16

AGENDA ITEM 17: Minutes of:

Audit Committee:

- 27 July 2016

Finance & Performance Committee:

- 24 August 2016
- 21 September 2016
- 19 October 2016

Locality Executives:

Copeland:

- 28 April 2016

South Lakes

- 5 May 2016

Resolved: The minutes be received for information.

GB 71/16

Agenda Item 18: Any other urgent items of business

There were no urgent items of business.

GB 72/16

Agenda Item 19: Questions from members of the public present

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

GB 73/16

Agenda Item 20: Date and time of next meeting approved:

The next meeting will be held on Wednesday 1 February 2017 commencing at 13:00 at Carlisle Racecourse, Durdar Road, Carlisle, CA2 4TS

The meeting closed at 16:20

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

Neil Hughes

“Does the CCG’s Governing Body accept the likelihood of many members of the public here in Cumbria feeling ignored, alienated and angry if all the current preferred options in the West, North and East Success Regime Consultation are ultimately adopted in their entirety?”

Stephen Childs confirmed that the CCG had been keen to encourage people to engage in the consultation process and have their say and it had been diligently listening to the public. He also gave assurance that the Governing Body did not know what the outcome of the consultation process would be and confirmed that whatever options were approved the Governing Body would explain in detail why they had agreed those options.

Alice Bondi

“Given the massively increased burden on carers, in terms of direct care and travel if the Success Regime proposals are adopted, what plans are the CCG making to provide GPs and others with the resources to manage the inevitable physical and mental health breakdown of carers?”

Stephen Childs stated that carers were valued across the community and the CCG would be looking to ensure that the alternatives being put in place would support carers in the home.

In response Alice Bondi asked what about the travel issues of carers having to travel to see their loved ones when community beds were closing?

Stephen Childs confirmed that these were issues that would be considered as part of the decision making process.

Sue Gallagher’s question was deferred to the end of the meeting as they were appertaining to items on the agenda.

Rebecca Hanson MA (Cantab.) Med.

“My question is about the risk assessment of the success regime options is in three parts:

- 1. have my research reports been shared with you?*
- 2. How and why have you allowed this consultation to proceed without risk assessments?*
- 3. How will each of you live with the horrific birth outcomes that will occur as a consequence of your decision to allow decisions to be made without risk assessments?*

Stephen Childs advised that the research Rebecca Hanson had provided would form part of the consultation process and therefore had not been circulated directly to the Governing Body Members at this stage. He also requested that all persons wanting to have research or comments considered needed to ensure they sent it directly through the consultation processes.

In response to the question on risk assessments, Stephen Childs confirmed that risk assessments were ongoing and the Governing Body would only support options with the least amount of risk and which would provide the highest standards of care.

Jane Mayes

What consultation will there be on the Strategic Transformation Plans (STPs)?

Stephen Childs advised that the STPs formed part of a five year plan and consultation on the plans would only be required if it was proposing significant changes to the services currently being provided.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item19

Sue Gallagher

1. *Prescribing – Quality Report – Aspatria Medical Practice inform patients on their website about not prescribing paracetamol except in chronic cases etc. Some CCG's have a policy to this effect, does Cumbria CCG have such a policy if not is it up for discussion?*

Caroline Rea confirmed that the CCG did not have a policy in place currently but would be considering it in the future.

2. *In the STP, page 32, number 1 second point, the plan refers to “putting in place binding partnerships between North Cumbria University NHS Hospitals Trust (NCUHT) and two Foundation Trusts (Northumbria NHS Foundation Trust (NT) and Newcastle upon Tyne Hospitals NHS Trust (NUTHT)) rated outstanding.....” Can you give more detail please?*

Stephen Childs confirmed that both trusts stated above currently provide services to NCUHT on an informal basis and the aim was to put these on a more formal footing.

Jane Mayes

Jane Mayes

Agenda Item 11 – Page 15, 3.2 West, North and East Cumbria Sustainability and Transformation Plan – this demonstrates that the CCG has signed contracts for the provision of services based on the preferred options in the consultation document and therefore, what Stephen Childs had said earlier was not true.

Stephen Childs stated that he absolutely stood by what he had said earlier. The CCG and the two local NHS Trusts had agreed contracts based around the proposals in the STP in relation to patient activity levels. Currently providers of Physical health Acute Services were paid per admission to hospital. Therefore if those admissions could be reduced, by delivering services in a community setting, then resources should shifted to support that. All local organisations were in agreement that there should be a shift of resources into community services and out of the acute hospitals, and that the STP plan was developed to deliver that aim. This would be achieved in part through the development of

Integrated Care Communities (ICCs), which were supported by the whole Health & Social Care system as a key driver improve patient care.

This did not in any way pre-determine the outcomes of the consultation process or compromise the Governing Body when determining what options they would approve after considering all the responses and risk assessments. The contracts did not reflect any potential changes to service delivery in the areas which were subject to the outcomes of the consultation.

PR explained that the CCG was required by NHS England to agree its 2017/18 contracts by 23 December 2016, hence the need to make assumptions when negotiating those contracts. However, the move towards the development of Integrated Care Communities (ICCs) was something the whole Health & Social Care sectors believed was the way to effect change in the system and improve patients quality of care.

Hillary Snell

Integrated Care Communities (ICCs) – with the stress carers are under and the cuts to the Social Care budgets I don't understand how ICC's will work.

The Chair confirmed that savings made by keeping patients out of hospital and on medication would be transferred to fund ICCs.

Susan Stevenson – Healthwatch Cumbria

At Healthwatch we hear every week about the lack of understanding in real terms of how ICCs will work and a lack of trust about what was happening especially around the funding arrangements. The timing of the STP's has resulted in the perception that the consultation was irrelevant as the outcomes had already been predetermined. Therefore the public need to be made aware of what will need to be consulted on as a result of the STP and what the Health and Wellbeing Boards role will be.

Stephen Childs agreed that both Health and Social Care needed more funding. However ICCs were being designed to ensure that services currently being delivered were better co-ordinated and more effective. He also stated that there was a need to hold public meetings in communities to explain how the ICCs would work and the perceived benefit to the public. Stephen Childs confirmed that consultation would be required on any part of the STP which would result in any material change to current service provision.

Evelyn Bitcon

Agenda Item 5 – Mental Health – Involvement quiet limited – requirement more involvement from all the voluntary sector.

Agenda Item 6 – Consultation document was misleading without the evidence of Risk Assessments.

Agenda Item 7b – which public stakeholders were involved and by what means?

Julie Clayton confirmed that there were a range of stakeholders invited to comment on the survey and this was usually by email. In response to a further question Julie Clayton advised she would need to check whether the CVS had been invited to participate in the survey.

Agenda Item 8 – The number of people with Learning Disabilities was growing and when undertaking a review of services, not one size fits all. In addition transition issues need to be considered.