

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 1 February 2017
Carlisle Race Course, Durdar Road, Carlisle. CA2 4TS

Present:	Hugh Reeve Ruth Gildert Les Hanley Geoff Jolliffe Jon Rush David Rogers Charles Welbourn Kevin Windebank	Clinical Chair (Chair) (HR) Registered Nurse (RG) Lay Member – Health Improvement (LH) Lead GP Representing the South of the County (JG) Lay Member – Public Engagement (JR) Interim Accountable Officer/Medical Director (DR) Chief Finance Officer (CW) Secondary Care Doctor (KW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Stephen Childs Julie Clayton Caroline Rea Eleanor Hodgson Peter Rooney Stephen Singleton Brenda Thomas	Chief Executive (SC) Head of Communications (JC) Director of Primary Care (CR) Director for Children and families (EH) Chief Operating Officer (PR) Clinical Director of Innovation (SSi) Governing Body Support Officer
Item 6 only	Rachel Chapman	Rachel Chapman Communications Services
Item 9 only	Christine Harrison	Engagement & Equality Officer (CH)
Item 12 only	Julie Haywood	Boundary Change Transformation Director (JH)

GB 1/17 AGENDA ITEM 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Rachel Preston, Lead GP Representing the North of the County and Peter Scott, Lay Member – Finance & Governance.

The Chair advised that due to the current bi-election in Copeland, the Governing Body would respect the purdah period and would not be making any statements regarding the Healthcare for the Future consultation outcomes.

GB 2/17 AGENDA ITEM 02: Declarations of Interest

There were no declarations of interest.

GB 3/17 AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 7 December 2016 & Action Log

Resolved: The minutes of the meeting were agreed as a true record.

GB 4/17

AGENDA ITEM 04: Questions from members of the public present

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

GB 5/17

AGENDA ITEM 05: Clinical Chair and Chief Executive Report

SC presented the report and highlighted a number of issues including the Better Care Together progress relating to the Vanguard and the development of Bay Health and Care Partners, the Cumbria Digital Roadmap and the Future Commissioning Architecture.

SS requested that as far as possible future Governing Body reports should be prepared using accessible language.

Resolved: The update be noted.

GB 6/17

AGENDA ITEM 06: Report following public consultation on a proposal to make permanent an interim change at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal

RC and EH gav a presentation on the outcomes of the public consultation for the above. The following key points were highlighted:

- Women who were eligible can still birth 24/7 at Helme Chase
- Women still have a choice over the place of delivery, depending on their individual needs
- There had been no negative impact on recruitment to the unit
- There had been no negative impact on other NHS services
- The interim change had enabled the NHS to make efficient, effective and economic use of available resources, staffing and facilities
- This model of care had worked well in other parts of the country
- The model of care was in line with national guidance and best practice
- The process of public consultation had been as requested by the Health Scrutiny Committee
- The Consultation engaged with service users and potential others, with the resulting feedback demonstrating that there were differing views over whether the interim change should be made permanent. While some supported it, others did not and their concerns included the future viability of the unit and the loss of inpatient postnatal care
- No concerns were raised during the consultation by GP commissioners

Significant discussion took place around how the unit had operated during the time that these interim changes had been in place. In particular, given some of the comments made by services users and members of the public during the consultation, Members stated that they required confirmation in writing that the outstanding actions would be undertaken by the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and a timeline for the completion of those actions.

Proposed by Ruth Gildert, seconded by Jon Rush;

Resolved: The interim arrangements introduced at Helme Chase midwifery-led unit at Westmorland General Hospital, Kendal, in December 2014 be made permanent subject to the following assurances being provided in writing by UHMB:

- that robust arrangements were in place when women need to contract the on-call midwife
- that all reasonable processes be put in place to ensure that women in labour would not arrive at the unit in advance of the on-call midwife

The decision was unanimous and was taken on the following grounds:

- the interim changes had enabled the NHS to make efficient, effective and economic use of available resources, staffing and facilities
- this model of care had worked well in other parts of the country

GB 7/17

AGENDA ITEM 07: Updated Schedule of Procedures of Limited Clinical Value for 2017/18

DR presented the report highlighting the key elements of the proposed changes. He confirmed that these changes related to North Cumbria as NHS Morecambe Bay CCG would implement their own policy post 1 April 2017. DR also advised that further amendments would be required post 1 April 2017 to the Pain Management section of the policy and approval to those changes would be sought at the relevant committee of the Governing Body.

In response to concerns raised around having two different policies within Cumbria, the Chair advised that CCG's were working together to try to achieve consistency. In addition concern was expressed around the inclusion of hip and knee replacements, cataract and the title of the policy (as stated above) and the public perception of this. PR confirmed that there was already a policy in place but these changes would support the right people getting the right treatment at the right place. The Chair explained the criteria for funding hip replacements and reiterated that these were being include to ensure that the best possible outcomes could be achieved for patients.

It was agreed that the terminology of the policy would be reviewed and the impact assessment would be undertaken before the document was published.

Proposed by Les Hanley, seconded by Geoff Jolliffe;

Resolved:

1. The updated schedule of Procedures of Limited Clinical Value (PLCV) be approved
2. The intention to review the arrangements for IFR approval in 2017/18 be noted
3. The implications of the new National Institute for Health and Care Excellence (NICE) around Low Back Pain and Sciatica be noted and confirmed that this should be adopted as soon as practically possible pending the future update

to full PVLC guidance.

GB 8/17

AGENDA ITEM 8: Proposed Approach to Managing CCG Allocations

CW presented the item and advised that detailed work had been undertaken based on the approach outlined in the report. This had been specifically developed to ensure that no additional financial risk was created. CW confirmed that the report had been jointly agreed with the Chief Finance Officer at NHS North Lancashire CCG and approved through that CCG's own governance arrangements, and with agreement from NHS England.

Members were also asked to note that this report had also been considered at the CCG's Transition Executive and the Finance & Performance Committee. Therefore Members were fully aware of the process taken to date.

Proposed by Jon Rush, seconded by Kevin Windebank;

Resolved: The proposed approach to establishing revenue allocations for 2017/18 be approved.

GB 9/17

AGENDA ITEM 09: NHS Cumbria CCG Equality & Diversity Report

CH presented the report summarising the key data within the report. Members were also asked to note that the Cumbria Public Sector Equality Group Partnership was continuing to work together to develop a joint county wide Equality and Diversity Strategy and Equality Objectives.

Proposed by Geoff Jolliffe, seconded by Ruth Gildert;

Resolved: The Equality & Diversity Report be approved and published on the CCG website.

GB 10/17

AGENDA ITEM 10: Cumbria Learning and Improvement Collaborative (CLIC) Six Month Report, April – September 2016

SSi presented the report outlining the work that had been undertaken to support the establishment of the Bay Learning and Improvement Collaborative (BLIC). He also outlined the emerging work in support of the Success Regime organisational programme for the West, North and East Cumbria. In addition he advised of the development work with District Nurses and how efficiency improvements had been made at a ward in the North Cumbria Acute Hospital Trust (NCAT) after CLIC had worked with them to review how they work.

Discussion ensued and in response to a question from JR, SSi confirmed that the CCG paid for the cost of the core team and other costs would be borne by the North Cumbria University Hospitals NHS Trust, Cumbria Partnership NHS Foundation Trust (CPFT) and other potential partners. Additional forms of funding were still being sought through areas like the Strategic Transformation Programmes (STPs).

Resolved: The update be noted.

GB 11/17

AGENDA ITEM 11: Constitutional Changes

PR presented the report advising that additional amendments may be necessary to the Constitution as the North Cumbria CCG was further developed.

Resolved: The report be noted.

GB 12/17

AGENDA ITEM 12: NHS Cumbria CCG Boundary Change Report

JH presented the report highlighting the nine key areas of work being undertaken and that all actions to date were on track. Members were also reminded that the project plan had been reviewed on a monthly basis at the Finance and Performance Committee.

Discussion ensued and concerns were expressed about the commissioning of key services, especially around Mental Health Services and ensuring that third sector organisations were engaged on the changes that would be taking place. SC confirmed that the CCG would be working with providers to ensure services were maintained as appropriate.

Resolved: The report be noted and the progress to date be endorsed.

GB 13/17

AGENDA ITEM 13: Quality Report

DR presented the report reminding Members that this was report was scrutinised fully by the Governing Body's Outcomes and Quality Assurance Committee. He also provided an update on a Saline incident.

Discussion ensued and LH, Chair of the of the above committee, assured the Governing Body that Members of the said committee received completion reports and pursued the actions that the CCG had taken through to conclusion.

Resolved: The report be noted.

GB 14/17

AGENDA ITEM 14: Performance Report

PR presented the report advising that the covering report highlighted the areas of under-performance. However, there had been sustained improvement in cancer services and in Accident and Emergency (A&E) there were indications of improvement.

Detailed discussion took place around ambulance performance. CW advised that there were three fundamental issues affecting performance including the geography of Cumbria, clinically unnecessary use of ambulances and handover times at our local Hospitals. It was confirmed that the CCG was monitoring North West Ambulance Services (NWS) performance and working actively to ensure that there were improvements in the NHS 111 system to ensure that ambulances were not being deployed unnecessarily.

Resolved: The report be noted.

GB 15/17

AGENDA ITEM 15: Finance Report

CW presented the report highlighting the key risks and issues and outlined the work being undertaken to mitigate those risks. He also provided assurance to Members that the report and the work being undertaken to try to ensure that the CCG achieved its planned deficit of £8.5 million was considered in detail at the Finance and Performance Committee.

CW confirmed that the CCG was still awaiting a formal outcome of the Local Price Modification and was working through the implications of this with NHS England.

Resolved: The report be noted.

GB 16/17

AGENDA ITEM 17: Minutes of:

Audit Committee:

- 26 October 2016

Finance & Performance Committee:

- 16 November 2016

Locality Executives:

Carlisle:

- 28 August 2016
- 26 October 2016
- 28 September 2016

Copeland:

- 27 October 2016

Eden:

- 28 July 2016

Resolved: The minutes be received for information.

GB 17/17

Agenda Item 18: Any other urgent items of business

There were no urgent items of business.

GB 18/17

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 19/17

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

The next meeting will be held on Wednesday 8 March 2017, time and venue to be confirmed.

The meeting closed at 16:32

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

Heather Naylor and Celia Heasmen

As local GPs from West Cumbria we have many concerns about the proposals, and the process of the Success Regime consultation – as outlined in our letter signed by 36 GPs and 15 attached staff and forwarded to the CCG on 28 November 2016, and more recently in a letter signed by 52 of the GPs in Copeland and Allerdale, and sent to the CCG on 31 January 2017.

We feel strongly that the CCG has a duty of care to provide the same standards of and access to health care for all of North and West Cumbria. On 31 August 2016 at a GP consultation meeting we were given assurances that proposals regarding health care provision would not primarily be financially driven, but would be about sustainability, and commissioned on the basis of patient need. We were also informed that solutions to sustainable staffing in some departments at West Cumberland Hospital (WCH) were required.

We are part of a small community here in North Cumbria, and sometimes have the opportunity to chat to our secondary care colleagues. It has been brought to our attention that front line clinicians have presented a number of innovative proposals to the Acute Trust, to address recruitment and long term staffing issues at WCH. We are also aware that the new University of Central Lancashire (UCLan) medical campus at West Lakes brings significant opportunities to attract new clinicians to the area.

We believe that these innovative staffing proposals, including involvement of the West Lakes medical campus, have a very good chance of making WCH sustainable, providing fair access to healthcare for All of North and West Cumbria, and allow WCH to keep its currently well-staffed maternity unit. Can you assure us that these proposals have been heard by the CCG Governing Body? If so, can we have your commitment to fully explore these options before final decisions are made?

DR confirmed that the letters had been received and that all Members of the Governing Body would have full access to all responses, background documents and, the alternative proposals put forward which would be given proper consideration as part of the decision making process.

Viv Stucke

1. *Have all Members of the Governing Body been able to read the latest information sent by Jon Ward regarding the batch of evidence for Options 2 and 3 of the Maternity Services proposal? If not, we would urge you to do so urgently.*
2. *Are they aware of the letter from Dr Hamilton to the Prime Minister?*

Can we ask you to seriously and honestly consider the above sources of information when it comes to the taking of the decision?

DR reiterated what he had stated above in relation to access to all correspondence from the consultation.

SC advised that he was personally aware of the letter to the Prime Minister but was not sure it formed part of the consultation process. However if appropriate it would be factored into the process.

Neil Hughes

On how many occasions has Eden Locality Executive met formally during the last year, how many meetings have been cancelled and what is the future for Locality Executives in Cumbria in general, given the impending CCG split?

SC advised that in terms of the Eden Locality Executive he would need to seek that information and forward it. In terms of the Locality Executives these would cease to exist after the 1 April 2017. However work would continue to develop Integrated Care Communities within the Strategic Transformation Plan to ensure services are delivered locally.

Sue Gallagher

Agenda item 7: The inclusion of hip and knee replacements and cataracts in the PLCV will be a surprise to members of the public. Does the CCG have plans to explain this any further to the public in lay person terms and is there a role for all those lay members across different organisations in explaining this policy.

It was agreed this question would be addressed as part of the agenda item.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item 18

Eve Miles, GP Registrar

Will the Impact Assessments for the Healthcare for the Future be made public and is it a priority? In the equality and diversity report it states that the CCG is committed to making Equality and Diversity a priority when planning and commissioning health care. We are very concerned that the proposals for sustainability & transformation plans will significantly affect the population.

It was confirmed that the Impact Assessments were in the process of being finalised and would be made public in due course.

Sue Gallagher

Would the Helme Chase model influence the Success Regime?

EH explained that Helme Chase is the nearest example to North Cumbria of how a Midwifery Lead Unit works and how highly it is valued.

SC advised that it would undoubtedly feed into the decision making process.

Would women be transferred from Helme Chase to elsewhere if this was appropriate for the situation that arose?

EH explained that Helme Chase was a midwifery lead unit with approximately 25% transfer rate, which is mainly for pain control or failure to progress and were normally by ambulance. There had been no issues reported.

Evelyn Bitcom

Agenda item 5 – Digital Road Map

- 1. Could you please advise how will the risk of this change be measured, monitored and amended? What training is being developed for staff and how do you intend to train the public (will you keep issue logs and have health and wellbeing coaches to support the public)?*

SC advised that collectively partners across the healthcare system would work really hard to develop the optimum learning methods for staff and where savings were achieved using this above system these would be diverted into other areas of care.

2. *Why was there not a 'deep dive' into Mental Health Services as part of the Healthcare for the Future – thus there was no 'Parity of Esteem'?*

The Chair confirmed that this question had been answered as detailed in the minutes of the 3 August 2016.

SC advised that there was an absolute commitment to review these services and it would form part of the work in developing Integrated Care Communities under the Strategic Transformation Plans (STPs).

Viv Stucke

Agenda Item 6 – Helme Chase

There has been a reduction in numbers giving birth is this due number of changes in Nice Guidance?

EH confirmed that this guidance reflected the eligibility criteria for women to choose to have their birth at a Midwifery Led Unit based on clinical safety.

John Ward

Agenda Item 6 - Helme Chase

Can you please advise what the changes were to the NICE Guidance around the above and why transfers were logged as incidents?

EH advised that without the checking the guidance she could not specify what the changes were but would check and circulate to John Ward. She confirmed that the Trust decided to log all transfers as an incident in order to ensure that the best care had been given.