

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
 Wednesday 7 June 2017
 Lloyd Motor Group Lawn Suite
 Carlisle Race Course, Durdar Road, Carlisle. CA2 4TS

Present:	Jon Rush	Lay Chair (Chair) (JR)
	Amanda Boardman	Lead GP Children and Adult Safeguarding
	Ruth Gildert	Registered Nurse (RG)
	Colin Patterson	Lead GP – Primary Care
	Peter Rooney	Chief Operating Officer (PR)
	Peter Scott	Lay Member – Finance & Governance
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)

In Attendance:	Stephen Childs	Chief Executive (SC)
	Julie Clayton	Head of Communications (JC)
	Caroline Rea	Director of Primary Care (CR)
	Eleanor Hodgson	Director for Children and families (EH)
	Brenda Thomas	Governing Body Support Officer

GB 38/17 **AGENDA ITEM 01: Chairs Welcome and Apologies**

Apologies were received from Les Hanley – Lay Member for Health Improvement, David Rogers – Interim Accountable Officer/Medical Director and Sue Stevenson – Observer for Healthwatch Cumbria.

The Chair welcomed Amanda Boardman and Colin Patterson as new members of the Governing Body and Peter Rooney as a voting member. He also thanked Geoff Jolliffe and Rachel Preston for their contribution over the years.

GB 39/17 **AGENDA ITEM 02: Declarations of Interest**

Ruth Gildert declared a direct financial interest in agenda item 7, Constitution and Standing Orders, variation of Governing Body Registered Nurse requirements. Kevin Windebank also declared a non-direct financial interest in the same item as the variation also applied to the role of Secondary Care Doctor.

GB 40/17 **AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 5 April 2017 & Action Log**

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

inclusion of the following amendment:

GB 28/17, Agenda Item 9, Accountable Care Organisation, page 5 – the list circulated by Stephen Childs after the meeting on 7 June 2017 be included in the minutes under this item.

The action log was reviewed and updated accordingly.

GB 41/17

AGENDA ITEM 04: Questions from members of the public present

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

GB 42/17

AGENDA ITEM 05: Chair & Chief Executive Report

SC presented the report advising that there were a number of good news items which included:

- North Cumbria University Hospitals (NCUH) was taken out of special measures
- Cumbria Partnership Foundation Trust's (CPFT) Children's Community Services had been recognised for providing high quality patient care
- The Health Service Journal (HSJ) had reviewed the Care Quality Commission (CQC) ratings and found that Cumbria has the highest rated performing practices in the north of England and second across the country.
- Cumbria Health on Call (CHoC) had received the only 'outstanding' rating in the country.

Letter of congratulations have been sent to all the above organisations.

SC advised that due to the boundary change the Inpatient Mental Health consultation, which had due to commence in April 2017, had been put on hold. Discussions have ensued with NHS England (NHSE) to enable a wider review. A further report would be provided at the August 2017 meeting.

The first meeting of the North Cumbria Full Council of Members took place on the 18 May 2017. SC confirmed that feedback from members who had attended the meeting had been positive and provided a platform from which to build on in future.

SC stated that the cyber attack on NHS IT systems proved to be an extraordinary test of the emergency measures put in place for such events. The CCG's response was exemplary. GP practices were largely unaffected with only a small number using old equipment experiencing problems. However with the support of the CCG these were back online within 24 hours which limited disruption to patients.

SC confirmed that the Claire Molloy was leaving CPFT to take up a post as Chief Executive of Pennine Care NHS Foundation Trust. The Chair, Mike Taylor had previously announced he would be retiring in the Autumn. He confirmed that the CCG, as system leaders, had been consulted on the recruitment process for these posts.

Resolved: The report be noted.

AGENDA ITEM 06: Joint Committee of the Clinical Commissioning Groups

SC presented the report advising that NHS England was encouraging CCG's to 'integrate and work across larger geographical footprints and build capacity in the commissioning system', and give 'primacy to tasks-in-common over formal organisational boundaries' so as not to 'artificially limit their influence and relevance as local system leaders.' This would enable North Cumbria CCG to work closely with CCGs in the North East (as detailed in the report) where health and care challenges needed to be addressed at scale.

SC confirmed that the report outlined the legislative background, the proposal for the establishment of the committee, the role it would undertake and, the draft Terms of Reference (ToRs). Member's attention was drawn to section 11 of the report which confirmed that each individual CCG would remain a statutory body and would retain accountability for meeting their statutory duties. In addition SC stated that section 29 made provision for a CCG opt out of taking a decision where the geographical scope of the proposal did not apply to that CCG or because of its current status would prohibit it from taking a decision (e.g. because it was in legal directions).

SC also advised that the areas highlighted in yellow were still being developed and further amendments would be likely to the document.

Discussion ensued and it was acknowledged that there was a lot of work being undertaken jointly with North East CCGs on an informal basis and this committee would support more formal agreements. In addition it was recognised that it was more effective to enter into some contracts jointly as this could lead to efficiencies and potential savings. However, Members considered it essential that some further work was required to the terms of reference to ensure the benefits were clear and that caveats were put in place to make sure that all members of the Joint Committee of the Clinical Commissioning Group's (as specified in the terms of reference) were consulted on proposals prior to them being asked to approve them. It was also considered that this committee would help to remove the so called 'postal lottery' for patients.

There were a few wording issues picked up in the document which would be reported back. The Chair then made a proposal to amend the recommendation to include that delegated authority be given to Peter Scott, David Rogers and himself to approve the final Terms of Reference once any necessary amendments had been made.

Proposed by Ruth Gilder, seconded by Peter Rooney;

Resolved:

1. The establishment of a Northern CCG Joint Committee be agreed in principle;
2. The CCG's Chair and Accountable Officer will attend its meetings with delegated decision-making authority; and
3. The sign off of the above Committee Terms of Reference by delegated to the Chair, Accountable Officer and Lay Member for Finance & Governance.

Ruth Gildert and Kevin Windebank left the meeting in advance of Agenda Item 7 being considered.

GB 44/17

AGENDA ITEM 07: Constitution and Standing Orders

PR presented the report advising that at the Full Council of Members (the Council) on 18 May 2017 approved the CCG's Constitution and those elements of the Standing Orders reserved to the Membership. In addition the Council also endorsed the appointment of the Governing Body membership. The remainder of the Standing Orders, Scheme of Delegation, Prime Financial Policies and Committee Terms of Reference were here today for approval by the Governing Body.

AB advised that the following amendment was required:

Scheme of Delegation page 39, 2.23 – 'To promote integration of health services that would improve the quality of services or reduce inequalities' be amended to include the Director of Children's Integration in the column marked 'responsible for recommending a course of action'.

CR advised that there had been a further practice merger which needed updating in the Membership section of the Constitution. It was confirmed that amendments such as these were delegated to officers. Therefore to ensure the Constitution remained up to date, it was agreed that a process should be established for practice mergers to be notified to the Governing Body Support Officer.

JR outlined the content of the report appertaining to the ratification of the Governing Body Membership and sought that a variation be made to Standing Order 4.8 (1). This would enable the number of years that the Registered Nurse and Secondary Care Doctor could remain on the Governing Body to be increased from five to seven years until 31 July 2018.

PR advised that the CCG set the limit at five years to ensure that the office holders of these roles retained enough relevant and current skill sets to enable them to full fill their duties. Therefore, taking the current office holders out of the equation, would changing the limit from five to seven compromise that ethos?

Discussion ensued and it was confirmed that this extension was to retain consistency on the Governing Body. However the current Registered Nurse had undertaken a re-validation process during her term of office and was a registered with the Royal College of Nursing. Therefore it was considered that she had retained the required skill sets to enable her to continue in this role. In addition Members were advised that NHS England guidance did not specify a limit for a Registered Nurse to remain on the Governing Body after retiring. However guidance did specify a limit of ten years for the Secondary Care Doctor post. Based on the said guidance the clinical members of the Governing Body felt assured.

Proposed by Mandy Boardman, seconded by Peter Rooney;

Resolved: The Standing Orders, Scheme of Delegation (including the variation to Standing Order 4.8 (1)) and Prime Financial Policies appended to the

report be approved.

Ruth Gildert and Kevin Windebank rejoined the meeting.

Discussion ensued regarding the Committee Terms of References and members confirmed that the membership of committees should be reviewed regularly. The Chair advised that he would be undertaking a review of succession planning for the appointment of Governing Body Members by March 2018.

Proposed by Charles Welbourn, seconded by Colin Patterson;

Resolved: The committee Terms of References appended to the report be approved:

1. Audit Committee
2. Auditor Panel
3. Finance and Performance Committee
4. Outcomes and Quality Assurance Committee
5. Primary Care Commissioning Committee
6. Remuneration Committee

GB 45/17

AGENDA ITEM 8: Cumbria Health & Wellbeing Strategy Delivery Plan for 2017/18

PR presented the report confirming that the joint Health & Wellbeing Strategy ran from 1 April 2016 to 31 March 2019 and this plan supported the annual delivery of that strategy. The Delivery Plan was approved by the Health & Wellbeing Board on 18 April 2017 and was brought to this meeting for clarity and for Members to note the actions required by the CCG.

In response to a question PR confirmed that the CCG had an interest in the whole plan but it had statutory role around the services commissioned. He also stated the CCG, as a system leader, needed to ensure that it supported providers to deliver their actions and provide effective challenge when necessary.

Discussion ensued and the Chair confirmed that the membership of the Health & Wellbeing Board consisted of the Chair of Cumbria County Council (CCC), the CCG Chair and Chief Executive, Trust Chairs and Chief Executives, Local Council Representatives, officers for Adult Social Care and Children's Services and officers from Public Health. It was acknowledged that Integrated Care Communities (ICC) were required to make this a real and living document and it would be a significant challenge given the financial situation across the community of organisations trying to effect these changes. It was also confirmed that the real measure of success to the strategy would be preventative measure being implemented such as reducing long term morbidity.

Resolved:

1. the Cumbria Health and Wellbeing Strategy Delivery Plan 2017/18 be endorsed
 2. the actions directly attributed to NHS Cumbria CCG be noted
 3. the Governing Body will maintain oversight of the overall delivery of the plan via a six month update in December 2017.
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GB 46/17

AGENDA ITEM 09: An Update on the Establishment of Local Maternity System (LMS) within West, North and East Cumbria STP and Implementation of 'Better Births – Improving Outcomes of Maternity Services in England'

EH presented the Better Births report outlining that in 2015, NHS England commissioned a review led by independent experts and chaired by Baroness Julia Cumberlege. The scope of the review was to assess maternity care provision nationally and consider how services should be developed to meet the changing needs of women and babies. Drawing on wide-ranging evidence, and in consultation with women and their families, as well as a wide range of stakeholders including NHS staff, the review published its findings in February 2016.

EH also reminded members of the work undertaken locally, in 2015, by Healthwatch and the Maternity Services Liaison Committees (MSLCs), to gauge the views of women across the maternity pathway in Cumbria. This had resulted in a wealth of information being compiled on what local women wanted in terms of the birth environment.

EH confirmed that she was the Senior Responsible Officer (SRO) for the local maternity system for West North and east Cumbria and would be working with other SROs across Cumbria and the North East to ensure that services were developed in line with the requirements of the said review. This would include promoting midwifery led care and the development of community maternity hubs.

The work that had been undertaken to date was praised and it was confirmed that key to success with this work would be ensuring there were continuous pathways and effective timelines. EH confirmed there was a detailed plan in place with a clear timeline against it and this was embedded in the Strategic Transformation Partnership (STP) plan. Regular updates on the implementation of that plan would be made to the Finance & Performance Committee.

Resolved: The report be noted.

GB 47/17

AGENDA ITEM 10: Healthcare for the Future Update Report on Recommendations form the 8 March 2017 Meeting

SC presented the report highlighting the six areas of service change. In particular:

Maternity Services – Members were reminded that this item had been referred to the Secretary of State by Cumbria Health Scrutiny Committee. However due to purdah requirements work on referrals have ceased until after the General Election.

SC also advised that there had been some positive changes to on the Midwifery Led Units (MLU) at both the West Cumberland Hospital (WCH) and the Cumberland Infirmary Carlisle (CIC) and the co-production work in this service area was continuing.

Other maternity developments include: staff engagement sessions taking place on an ongoing basis; work on development of community maternity hubs will be co-produced with women and midwives; the Local Maternity Services (LMS) Senior

Responsible Officer (SRO) was now part of the joint (LMS) leads group with Cumbria and the North East maternity network; and the governance structure for LMS and implementation of the service option was now in place.

Paediatrics – The report set out the work to be undertaken in the background in relation to these services, including detailed work on improving recruitment of paediatric staff.

Community Beds – SC confirmed that there had been a commitment made on the 8 March 2017 that the community beds listed in the consultation process would not close until further work had been undertaken on the alternative proposals submitted as part of the consultation. In response to a question from SG (see Appendix 1) SC advised that the commitment the CCG made was that beds wouldn't close until alternative provision was in place so there was no ticking clock in that respect and there was no set point at which the beds would close and this remained the case. He also advised that he had omitted to mention that the clock had not yet started in relation to the testing out the viability of the option around maternity.

SC stated that whilst there had been somewhat of a 'stop, start' situation on some areas of work because of the purdah period, work was continuing in the background. He also confirmed that the detailed co-production work for Community Beds had reached the same level as the work for Maternity Services.

Urgent Care – The progress to date as detailed in the report demonstrated that there had been real innovation in regards to the workforce strategy.

Acute Stroke Unit – A business case has been developed and submitted seeking capital funding – the outcome of this is awaited.

Emergency Surgery, Trauma and Orthopaedics – It was anticipated that an additional General Surgery fortnightly operating session and Outpatient Clinic at West Cumberland Hospital would be in place from by the end of June. In addition Orthopaedic activity was being undertaken and plans were being developed to increase minor Trauma services.

CP advised that the co-production work was very dependent on CCC being involved. Therefore once purdah was over there needed to be a re-launch of this work ensuring that officers of the CCC were present. SC confirmed that CCC were very keen to be involved.

In response to a question from SC, Sue Gallagher confirmed her questions had been answered.

Discussion ensued and the following observations were made by Members:

- There was a feeling that actions had 'slipped' slightly and needed to be brought back on track with CCC involved;
- Need to improve communication and visibility, as there was a public perception that nothing was happening;
- Need to establish how the Governing Body will receive assurance that the

delivery plan was up to date;

- In order to deliver the changes in maternity services there needs to be a culture change within both of the midwifery led units – has this work started in the Trust and have staff been involved in how that change can be achieved (including developing staff competencies and confidence).
- A lot of good relationships had been established in South Cumbria and this work could be shared to help with the culture change work

Further discussion took place around the observations stated above. It was confirmed that the co-production work was vital to implement service changes and this was developing at a pace. This included the implementation of a reference group and an independent review panel. Part of this work would include establishing how the public were informed on progress and how the local press could be involved in helping promote good news stories.

Resolved: The report be noted.

GB 48/17

AGENDA ITEM 11: Cumbria Learning & Improvement Collaborative (CLIC) Annual Report 2016/17

SC provide a brief overview of the CLIC Annual Report confirming it have been a very busy year in which a breadth of training had been provided. In addition CLIC had also supported the establishment of Bay Learning & Improvement Collaborative (BLIC).

Discussion ensued around the work programme for CLIC. It was confirmed that this would be established through the System Leadership Board and would support the development and role of the ICCs.

Members praised the report and the work undertaken by CLIC. However, one of the challenges faced by CLIC was how to measure longer term outcomes of their work rather than just the inputs and developments they had undertaken.

Recommendation: CLIC to include in any future report a section on how success will be measured against outcomes from the CLIC work streams.

Resolved: The report be noted.

GB 49/17

AGENDA ITEM 12: Register of Interests

CW presented the report. It was confirmed that there were still a number of GP forms outstanding and work was ongoing to obtain these. However the CCG was confident that the interests of all decision makers for the CCG had been declared and were being monitored.

The Chair indicated that if there were any concerns about non-compliance or interpretation that they could be referred to the Conflicts of Interests Guardian (Peter Scott). This was to satisfy the Governing Body that the CCG was working within the requirements of the 'Managing Conflicts of Interest Statutory Guidance for CCGs' issued by NHS England in June 2016.

Resolved: The report be noted.

GB 50/17

AGENDA ITEM 13: Performance Report

PR presented the report confirming that it had been considered in detail at the May Finance & Performance Committee.

CR advised that on Page 10 of the Performance Report – Under Local Measures, Emergency admissions for chronic ambulatory care sensitive conditions the target was 2644.3. Latest performance was listed at 892. CR confirmed a lot of work had been undertaken to improve performance and improvements had been made so why was the rating red and, if it should in fact be green was there any funding associated with this? PR advised he would look into this and advise Members accordingly.

Resolved: The report be noted.

GB 51/17

AGENDA ITEM 14: Minutes of:

Audit Committee:

- 1 March 2017
- 27 April 2017

Executive Committee

- 20 April 2017

Finance & Performance Committee:

- 15 March 2017
- 26 April 2017

Primary Care Committee:

- 28 April 2017

Outcomes & Quality Assurance Committee:

- 20 January 2017
- 17 February 2017

System Leadership Board Meeting:

- 13 April 2017

Resolved: The minutes be received for information.

GB 52/17

Agenda Item 15: Any other urgent items of business

There were no urgent items of business.

GB 53/17

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 54/17

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

The next meeting will be held at 13:00 on Wednesday 2 August 2017, The Oval Centre, Salterbeck, Workington. CA14 5HA

The meeting closed at 16:12pm.

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

Sue Gallagher

My concern is the shortened timescale for the community hospital groups, the two lots of purdah and the group meeting planned for June 17 in a meeting which is decided the membership of the group amongst other items that leaves only eight months until the end of the financial year when I believe beds will close. Can the CCG find some more time beyond March 18 for community hospital groups to continue work so they really feel they have been given a reasonable length of time, more like the year we seem to have been promised at the March meeting?

SC advised that commitment the CCG made was that beds wouldn't close until alternative provision was in place so there was no ticking clock in that respect and there was no set point at which the beds would close, that commitment was made remains the case. He also advised that he had omitted to mention that the clock had not yet started in relation to the testing out the viability the option around maternity.

Lynn Hanratty

Will the CCG be adopting the Medicines Management Policy from the North of Tyne.

CR advised that the North Cumbria Prescribing Committee operated separately and whilst there was good links between them the CCG would not be adopting the aforementioned policy.

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

Liz Clegg posed the following question on behalf of Neil Hughes who had left the meeting.

Have contingency plans been made in hospitals if, as a result of Brexit, those workers within the NHS which are from other Countries within the European Union (EU) have to leave the UK?

PR said firstly can I state that the CCG was enormously grateful for colleagues whom have come from other EU countries to work within the NHS. In relation to Brexit all Trust have been asked to consider its workforce contingency plans and this was in the process of being undertaken.

Sue Gallagher

Can you please advise where the CCG is at in term of the Legal Directions, NHS England had placed upon it?

SC advised that the CCG had received a clean bill of health in terms of both the governance and organisational developments of the directions. However the CCG does remain financially challenged and there for the directions remain in place. The boundary change has removed some elements of the financial challenge and the CCG continues to work extremely hard to resolve the remaining issues.

In addition Sue highlighted issues with reports containing rag ratings in relation to the black and which copies provided for members of the public.

Evelyn Bitcon

Agenda Item 6 – Joint CCG Committee

Page 26, section 25 states:- The Joint Committee will also ensure compliance with the four key tests for service change as established by the Department for Health:

- *Public and patient engagement*
- *Consistency with current and prospective need for patient choice*
- *Clear, clinical evidence base*
- *Support for proposals from commissioners*

As the first two bullet points appear to be compliance "key tasks" and given our poor history of equitable engagement with the public, how do you hope to "quantify" from "key tests" to improve on meaningful public and patient engagement? In addition can "good practice" equitable public engagement in the North East be shared here?

SC advised that in his experience through the consultation process undertaken for Healthcare for the Future the CCG's worked really hard to ensure effective consultation was achieved across the whole area affected by the proposed changes. An independent review of that work was undertaken and it was deemed to have been done well. Therefore he felt that North Cumbria matches that of process undertaken in the North East.

It was also confirmed that the CCG had learnt a lot from the consultation process mentioned above and as a result a number of good networks had been established. However it still needed to address what was worrying people and establish how those issues can be address. This included sharing best practice with the North East.

Agenda Item 8 - Cumbria Health & Well Being Strategy Annual Delivery Plan 2017/18 - Assurance framework Ref (1) Better Health) - Transition into health adulthood.

Bearing in mind the historical problems around "Transition service provision" I am surprised not to see this listed in Outcome (1) "Every child has the best start in life"? What are the future proposals (around budget constraints) with regards to effective Transition Services from childhood into adult for those children with Mental Health, Physical Health and/or Learning Disability needs please?

JR confirmed that the strategy did not cover everything in detail. However he would request an update around this.

Comment to Agenda Item (11) CLIC 3rd Annual Report

Please can you ensure that the values behind this excellent training opportunity is marketed more and shared widely with the 3rd sector and voluntary organisations, in the true spirit of co-production and collaborative working? As having attended personally some of the training opportunities I have noted that they are not widely understood or attended by this sector, whom I am sure would find it useful to their work also?

It was confirmed that training was available and that there was a level of responsibility for third sector organisations to seek to get involved. However the CCG need to ensure that how to get involved was promoted effectively.