

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF AUDIT COMMITTEE
Wednesday 14 December 2016
Meeting Room 1, Lonsdale Unit, Penrith Hospital

Present:	Peter Scott Jon Rush	Lay Member Finance and Governance (Chair) (PS) Lay Member Public Engagement (JR)
In Attendance:	Richard Anderson Stuart Fallowfield Will Pinkerton Brenda Thomas Charles Welbourn	External Audit, Grant Thornton UK LLP (RA) Internal Audit, Audit One (SF) Senior Internal Auditor, Audit One (WP) Governing Body Support Officer (BT) Chief Finance Officer (CW)

AC 59/16 **AGENDA ITEM 1: Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies for absence were received from Les Hanley, Lay Member for Health Improvement.

AC 60/16 **AGENDA ITEM 2: Declarations of Interest**

There were no declarations of interest.

AC 61/16 **AGENDA ITEM 3: Minutes & Action Log of the meeting held on 26 October 2016**

Resolved: The above minutes were approved as a true record.

AC 62/16 **AGENDA ITEM 4: Grant Thornton External Audit Plan**

RA presented the report highlighting the proposed audit timetable to ensure that the financial statements were signed and submitted by the required deadlines. He confirmed that the key challenges were the financial pressures and financial position as outline in the report.

RA also advised that materiality the message was the same as last year. He then ran through the 'significant risks' identified on pages 6, 7, 8 and 9 of the report.

In terms of 'Value for Money' the National Audit Office issued its guidance for auditors on value for money work for 2016/17 in November 2016. Based on this guidance an initial risk assessment would be undertaken and, following the completion of the assessment Grant Thornton would issue a separate planning document to the Committee setting out their planned work for 2015/16.

RA then ran through the Audit Cycle, Audit Fees, Independence and non-audit services, respective responsibilities and the communication plan contained in pages 13 to 16 of the report.

Resolved: The report be noted.

AC 63/16 **AGENDA ITEM 5: Audit One Internal Audit Report**

WP presented the report advising that since the last meeting of the Audit Committee Audit One had issued the report on Partnership Arrangements (Health & Wellbeing Boards) 2015/16 stating that this audit had received 'Significant Assurance' (details contained in Appendix 2 to this report).

WP confirmed that there had been no further changes to 2016/17 Annual Audit Plan although Members were asked to note:

- Boundary Change – Audit One was working with the project lead to plan a number of assurance assignments to support the project – this work would be undertaken in quarter 4
- One off piece of work undertaken at the request of the Chief Finance Officer to independently confirm the objective facts in a query relating to payroll. The Audit Chair was fully appraised throughout the process and the outcomes
- Continuing Health Care – report due to be finalised shortly
- Conflicts of Interest – Audit due to commence in January 2017
- IG Toolkit – initial audit been undertaken – no issues anticipated
- Project Assurance – large piece of work being undertaken in this area

In response to a question from the Chair, CW confirmed that the project assurance work, specified above, would not be a duplication of work being undertaken by North East and Cumbria Support Services (NECS) as they were supporting improvements in response to the PriceWaterCooper (PwC) report. However the audit would focus on providing assurance on items such as updating the assurance framework in line with best practice whilst, ensuring the boundary change implications were included.

Discussion ensued around the findings from the Partnership Arrangements (Health & Wellbeing Board) 2015/16 audit. In response to questions from Members, CW confirmed that the CCG was working with Cumbria County Council to mitigate the risks identified in the report.

Resolved: The progress to date be noted.

AC 64/16 **AGENDA ITEM 11: Date and time of next meeting**

It was confirmed that the next meeting of the Committee would be moved from 22 February 2017 to Wednesday 1 March 2017 at 09.30 in Meeting Room 1, Lonsdale Unit, Penrith.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF EDEN LOCALITY EXECUTIVE MEETING
Thursday 27th October 2016, 13:00
Stoneybeck Inn, Bowscar, Penrith, Cumbria CA11 8RP

Present	Dr Rachel Preston Dr Lynne Harris Dr John Ellerton Muriel Nixon Neil Hughes	GP Lead (Chair) (RP) Court Thorn Surgery (LH) Birbeck Medical Group (JE) Commissioning Manager (MN) Lay Member (NH)
In Attendance	Adele Morgan	Admin Assistant (minutes) (AM)

EL 36/16 **Agenda Item 1: Welcome and Apologies**
Jackie Dodd, Public Health
Jackie Hayhurst, Temple Sowerby Medical Practice
Andrew Gosling, Business Finance and Performance Lead
Dr Helen Dunning, Shap Medical Practice

EL 37/16 **Agenda Item 2: Declarations of Interest**
GPs: Level 3 co-commissioning

EL 38/16 **Agenda Item 3: Minutes & Action Log of July 2016**
The minutes from the last meeting were received and accepted as a true record.
The action log was updated.
EL 32/16 – RP confirmed AB had reported back to Success Regime re lack of communication with practices regarding proposed new Physio services.

EL 39/16 **Agenda Item 4: Matters Arising**

EL 40/16 **Agenda Item 5(i): Eden ICC Update**
Update at next meeting.

EL 41/16 **Agenda Item 5(ii): Level 3 Co-Commissioning & Agenda Item 5(iii): Boundary Changes**
& EL 42/16
RP stated in her opinion the pros (i.e. ring-fenced budgets, remain in the CCG and not be retained by NHSE) outweighed the cons but was open to others thoughts / feedback.
RP stated the boundary changes have helped and mean we are better placed to move

to level 3 co-commissioning at this moment in time.

NH noted possible conflicts of interest.

RP stated that performance issues relating to GPs / appraisals would remain within NHSE but practice performance issues would be dealt with by the CCG.

MN added that the CCG have continued to assist between practices and NHSE.

Boundary change decision needs to be made first, and then commissioning level decision will be made within new boundary change organisation.

EL 43/16 **Agenda Item 5(iv): ICC Clinical Leadership**

Discussion around the need to commit resources and identify something realistic and credible. General feeling is that there are limited resources to support however further discussion to take place at next meeting with more GPs present.

RP encouraged ideas and feedback and opportunities and concerns need to be shared.

EL 44/16 **Agenda Item 6: Performance Management**

- Activity levels are down due to a combination – decrease in elective, non-elective, outpatients
 - No reduction in cost – this could be due to coding, or indicative that we have the right people in the right place and the higher costs are possibly due to more complex treatments
 - A&E emergency readmissions have increased as expected
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EL 45/16 **Agenda Item 7: Any Other Business**

None

EL 46/16 **Agenda Item 8: Date and time of next meeting**

Thursday 24th November, 13:00, Windermere Suite, Stoneybeck Inn

- Noted that this clashes with the GP update. Confirm numbers and look to rearrange if required.
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NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF OUTCOMES AND
QUALITY ASSURANCE COMMITTEE
Friday 21 October 2016

Present:	Les Hanley	Governing Body Lay Member- Health Improvement (LH) (Chair)
	Helen King	Director of Nursing and Quality (HK)
	Andrea Loudon	Primary Care Development and Medicines Lead (AL)
	Simon Parker	Deputy Designated Nurse for Safeguarding (SP)
	Jon Rush	Governing Body Lay Member – Engagement (JR)
	Russell Thompson	Head of Quality (RT)
In Attendance:	Richeldis Messam	Clinical Quality Senior Officer, NECS (RM)
	Paula Smith	Lead Nurse, Infection Prevention and Control (PS)
	Lisa Wilkinson	Senior Management Assistant (LW)

OQ 59/16 **AGENDA ITEM 01: Welcome and Apologies**

Apologies had been received from:

Ruth Gildert, Governing Body Clinical Member - Registered Nurse (RG)
Dr David Rogers, Medical Director (DR)
Dr Kevin Windebank

OQ 60/16 **AGENDA ITEM 02: Declarations of Interest**

There were no declarations of interest.

OQ 61/16 **AGENDA ITEM 03: Minutes of 19 August 2016**

The minutes of the meeting were approved as an accurate record, providing three changes were made.

- Pg 1 - Apologies received from Andrea Loudon.
 - Pg 2, bullet point 2 - The addition of the following: "RM had a copy of the 72 hour report, but informed the group that a full 60 day report on the incident was not yet available. However, when it was received it would be discussed at SISCOG. RG had a concern about whether an action was taken immediately regarding the staff involved; JR asked for RT to check what action had been taken."
 - Pg 3 – the meeting due to take place on 16 September was subsequently cancelled.
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OQ 62/16 **AGENDA ITEM 04: Action Log of 19 August 2016**

The Action Log was updated.

14/072 –HK informed group that the safeguarding team are checking to ensure all actions being carried out, and will then report to the Adult Safeguarding Board and this committee.

HK asked that the approved report be brought to the November meeting, and Noleen Devlin asked to attend also.

14/079 – JR asked about the action plan for Maternity Services. HK confirmed that Eleanor Hodgson had presented all of the most recent information in part 2 of the Governing Body (GB) and had nothing further to add at this time.

OQ 63/16 **AGENDA ITEM 05: Quality Report**

HK updated the committee about two incidents which had occurred in Maternity Services at the University Hospital of Morecambe Bay Foundation Trust (UHMBFT):

- A NND in March 2016 had resulted in a midwife being dismissed. This had been independently reviewed both for midwifery practice and for medical practice in Obstetrics and Neonatology. Neither report had been seen by this CCG yet nor the 60 day report on StEIS. This is a South Cumbrian resident - HK had requested this to be discussed at the Quality Assurance Meeting (QAM) for UHMBT (ie the Trust should be asked for the reports and an update, given the length of time since the incident). RT attended the QAM for HK (earlier this week) and he reported back that all reports with action plans will be received by 7 November 2016.
- The second incident involved a mother who suffered a severe post-partum haemorrhage (PPH) and required intensive care. Some of the behaviours noted in the 60 day report appeared to mirror the behaviours noted in the Kirkup report. Both HK and DR are very concerned to have two such serious incidents in UHMBFT, as the Maternity Services QSG was stood down earlier this year.
- HK is also in touch with Margaret Williams (MW), Executive Nurse at Lancashire North and leading on quality assurance at UHMBFT. MW and HK will visit UHMBFT Maternity Services when the action plans have been received.
- HK informed the group of a report being compiled on the last 3 years of incidents at Morecambe Bay; it would be brought to this meeting when completed.

There was some discussion about whether these incidents should be raised at a GB meeting, noting that there had already been press coverage. It was decided that this would be raised as a specific issue, given the impending boundary change, the history at UHMBFT and the seriousness of both incidents. LH noted that it was important that such issues were dealt with properly in preparation for handover.

RM presented the Quality Report for August / September 2016. She explained that there were some small corrections to be made to the numbers of serious incidents, and she would circulate a corrected version and highlight the changes. This was an ongoing problem connected with how users of the system input data for each incident reported,

and the NECS team fed back to users whenever this happened. There were some questions / comments on the following parts of the Quality Report:

- Pg 6/7, 1.4 – the rate of decubitus ulcers in N Cumbria appears to suddenly go down in June 2016. What were reasons for this? HK confirmed it is already being discussed at the NCUHT QRG, and noted that NHSE had an ongoing Quality Improvement Board (QIB) for NCUHFT due to their CQC rating.
- Pg 12, 2.3 – JR felt it would be useful to add a caveat to the sentence about supporting comments.
- Pg 17 – it was agreed that the Dr Foster diagrams, although useful, could also be slightly misleading as the information needed to be considered in context.
- Pg 19, 1.6 – RT confirmed he had raised the issue of non-accidental injuries at QAM this week, and gave two examples of recent cases which had caused concern. UHMBFT were awaiting the result of their recent CQC inspection.
- Pg 21, 2.2 – it was noted that complaints regarding mental health services for ex military personnel were often raised at public meetings.
- Pg 25, 4.1 – RT was able to explain more fully what was mentioned in paragraph 7.
- Pg 28 – more information about the overdue Serious Incident RCA reports would be given in the presentation later.
- Pg 31, 2.1 – duty of candour had not been performed in 17% of reports received by the CCG from CPFT.
- Pg 34, 4.1 – the Childrens’ team were to be asked for written confirmation about why they had recommended that there was no need for a quality visit to CAMHS. RM reported that although she asks every two months, she never receives any information from the Childrens’ team. RT added that he had only received verbal information. HK to escalate this.
- JR asked about Edenwood, and was referred to the September minutes for the CPFT QRG.
- LH had concerns about the contradictory messages from CPFT in their written reports to the CCG as opposed to the information they shared publicly. RM mentioned possible inaccuracies in the reports that CPFT sent to the GB. HK to raise at next QRG.

RM and the NECS team were thanked for the report.

OQ 64/16 **AGENDA ITEM 06: Serious Incident Performance Management report**

There is specific concern in relation to CPFT with a backlog of open SIs ongoing for quite some time. The Trust is working on this and has invested in Root Cause Analysis (RCA) training for large numbers of staff.

A separate meeting was held between HK and the Executive Nurse Clare Parker (CP) to better understand how the Trust has learned from Serious Incidents in 2014 and 2015 and to agree the best way forward to address the backlog.

A Quality Risk Profile (QRP) for CPFT was completed with CCG, NHSI, CQC and NHSE in October to assess the risks across CPFT in terms of quality and safety. This will be repeated in the next quarter to consider and assess again the level of risks in certain

areas, which includes SI management.

Improvement in harm free care is clearly evident since 2014 (please refer to RT's analysis – to be circulated once redacted) and the quality of the 60 day reports is improving as more SIs are being agreed for closure at SISCOG.

Plan of action agreed through QRP, QRG and with CP at the individual meeting is :

- HK to attend SISCOG on 3 November to consider and agree closure for some of the SIs. The criteria for closure is :
 - i) The learning in the Trust has been evidenced; for example, themed review of pressure ulcers (demonstrated at meeting) and SIs that can be correlated with classic safety thermometer analysis (as planned for presentation by RT at this meeting).
 - ii) No SIs that are within the 60 day timeline for reporting will be closed.
 - iii) No SIs from 1 April 2016 will be closed.
 - iv) No Unexpected Deaths SIs, regardless of 60 day report date, will be closed.
- The backlog of SIs has been escalated to the last contract review group.
- The CCG have completed an analysis of Unexpected Deaths since April 2013 - the first draft has been shared with CPFT and the second draft is being sent to CP separately to consider how best to share and discuss within CPFT.
- The Trust to identify a sample of (open SI) unexpected death SIs from the backlog (Jemma Barton) to enable the setting up and facilitation of a whole system event around unexpected death.

JR advised that good evidence must be available before closing backlogged SIs. HK confirmed that no SI would be closed without sufficient evidence to back up the decision.

HK requested a monthly update from RM on the number of SIs being reported.

OQ 65/16 **AGENDA ITEM 07: Safeguarding policies for approval**

SP explained the two policies; those present commented on how thorough they were. The policies needed some clarification / revision of the structures, named roles and job titles, given that boundary change was imminent. It was decided to approve the policies in principle subject to the following decisions being made / actions carried out:

- Job titles and structures should be amended as soon as these are confirmed.
- Should policies contain contact details of staff?
- Perhaps it was better to give one contact phone number rather than many different ones?
- Is there an equivalent of the LADO role for adults?
- All those mentioned in the policies should be aware that they are included within it.
- The NHSE safeguarding contact should also be listed in the policies.
- The policy on managing allegations against staff should be forwarded to NECS.
- The phone details are not just the desk phone in the hot desk room in Lonsdale.

HK confirmed that safeguarding has been updated on the CCG Risk Register.

OQ 66/16 **AGENDA ITEM 08: Quality Assurance to Quality Improvement (Presentation : HK)**

HK confirmed that the Quality Report would be revised in preparation for the new CCG in April and as agreed at the last Governing Body.

HK gave a presentation with an overview of the national SI framework and emphasising the need to move from QA (Quality Assurance) to QI (Quality Improvement). HK was thanked by the Chair for the presentation, which would be circulated to the group.

OQ 67/16 **AGENDA ITEM 09: Safety Thermometer report**

RT's presentation covering all three providers was deferred due to lack of time. It would be circulated to the group.

OQ 68/16 **AGENDA ITEM 10: Area Prescribing Committee – medicines recommendations**

AL confirmed that there was nothing contentious in the recommendations apart from one drug, which had been reviewed for use due to price increases. There had been some complaints about this, and three letters written to MPs. AL explained the course of action being followed by doctors, and that they were meeting with the Communications team to draft a written response. The group was satisfied with the handling of the situation, and thanked AL for the report.

AGENDA ITEM 11: Date and time of next meeting

It was noted that this was RTs last meeting before his secondment to Lancashire North and his efforts, support and contributions to this committee were acknowledged and appreciated.

The meeting closed at 13:40. The next meeting would take place on 25 November 2016.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF OUTCOMES AND
QUALITY ASSURANCE COMMITTEE
Friday 16th December 2016, 10.30am in MR1, Penrith HQ

Chair: Jon Rush, Governing Body Lay Member – Engagement (JR)

Present: Ruth Gildert, Governing Body Clinical Member - Registered Nurse (RG)
Helen King, Director of Nursing and Quality, CCG (HK)
Andrea Loudon, Primary Care Development and Medicines Lead, CCG (AL)

Agenda Item 8: Paula Smith, Lead Nurse, Infection Prevention and Control, CCG (PS)
Dr Kevin Windiebank, Governing Body – Secondary Care Doctor (KW)

In Attendance: Debbie Archer, Senior Administrator, CCG (DA)

OQ 69/16 **AGENDA ITEM 01: Welcome and Apologies** **Action**

Apologies had been received from:
Les Hanley, Governing Body Lay Member- Health Improvement (LH)
Richeldis Messam, Clinical Quality Senior Officer, NECS (RM)
Simon Parker, Deputy Designated Nurse for Safeguarding, CCG (SP)
Dr David Rogers, Medical Director, CCG (DR)

ACTION: JR to clarify CCG comms attendance. **JR**

OQ 70/16 **AGENDA ITEM 02: Declarations of Interest**

There were no declarations of interest.

OQ 71/16 **AGENDA ITEM 03: Notes of 25th November 2016**

The following amendments be made to the notes of the informal discussion which took place on 25th November 2016:

Page 1: Correct Noleen Delvin’s job title to Care Home Lead.
Page 2: Change acronym of IWGC to iWGC.

OQ 72/16

AGENDA ITEM 04: Action Log of 25th November 2016

The actions of the previous meeting were approved and updated with the following:

16/081 – Safeguarding policies for approval.

Policies are complete and on the website. Concerns discussed regard to clarity on the CCG Accountable Officer role .

ACTION: Awaiting update from NHSE regarding Accountable officer.

HK

16/084 – NND in UHMBFT (March 2016)

JR mentioned the need for the governing body to be aware of this - HK noted that it would have been reported in the Quality Report of the same time as for all SIs. HK summarised the actions since she has been in post and confirmed that HK and DR have been liaising with relevant colleagues around the assurance of this incident- this includes a joint maternity services assurance visit which was done by HK and Margaret Williams (Executive Nurse for Lancashire North CCG) on 9th December 2016. .

HK also mentioned an analysis of all SIs for UHMBFT which has been shared at the joint assurance with Lancashire North CCG - the Joint Quality Meeting.

ACTION: Independent reports for this incident to be circulated to O&QAC members before the next meeting for discussion at the next meeting.

HK

74/16: Designated Leads Review Report

LML reported the Beacon Edge report and improvement plan has been received by the Adult Safeguarding Board (ASB). The process to sign off has been delayed by the ASB. Internally, the CCG recommendations will feed into an extraordinary ASB meeting in January 2017. LML assured that the report is a much truer reflection to address the areas and that there will be an action plan. LML confirmed the minutes as a true reflection of what was agreed.

ACTION: LML to report back on a NCCCG action plan every 2 months and to report back on others every 6 months.

LML

OQ 73/16

AGENDA ITEM 05: Quality Report

JR asked the group for comments on the Draft Quality Report. HK mentioned that this is not the new format or a proposed new format : RM requested to use this format for NHS Cumbria CCG Quality Team to view and consider (this discussion about the format and the content with queries and suggestions for clarity.

RG mentioned that the actions section provided an opportunity to see what issues are ongoing and what has been done and that there is scope for more work of this type (to follow through on issues and identify changes/outcomes).

ACTION: Work on revision of Quality Report to continue - corrections and explanations to current issues raised to be completed and revised into usual format for Quality Report until any draft alteration is approved by O&QAC.

HK/RM

OQ 74/16 **AGENDA ITEM 06: NND Sis – Update from Governing Body**

This item was covered in Agenda Item 4.

OQ 75/16 **AGENDA ITEM 07: Update on Beacon Edge**

This item was covered in Agenda Item 4.

OQ 76/16 **AGENDA ITEM 08: Harm Free Care (Classic) Safety Thermometer NCUHT, CPFT, UHMBT**

Presentation (originally done by RT) by Paula Smith. The NHS Safety Thermometer instrument has been designed to be used by frontline healthcare professionals as a point prevalence assessment across all wards and within community services. It is aggregated to provide whole organisation, regional and national data using a simple merge function. Users are asked to use the operational definitions in the tool, to gather information from clinical records, to examine the patient and to ask the patient simple questions as part of a routine activity (for example, a ward round or handover). Where the patient is unable to answer the question reliably, the primary carer is asked to provide the information.

OQ 77/16 **AGENDA ITEM 9: Minutes from QRG's – October**

- CPFT - 20th October 2016
- UHMB - Not been ratified
- NCUHT - Last meeting was cancelled due to CQC visit and the involvement in visit of all QRG members from the Trust.

ACTION: Quality Improvement Board minutes, any Quality Risk Profile document completed and Quality in Care Homes minutes to be circulated to the O&QAC.

DA

ACTION: HK asked to present the NHS Assurance framework at the next meeting.

HK

OQ 78/16 **AGENDA ITEM 10: AOB**

RG raised the issue of patients being encouraged to use GP pharmacies rather than high street pharmacies. AL commented that complaints have been received and are being dealt with by NHSE as they are the commissioners.

Date, Time & Venue of Next Meeting

Friday 20 January 2017, 3-5 pm, MR1 Lonsdale Unit

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
Finance & Performance Committee
Wednesday 21 December 2016 at 13:00
MR1 Lonsdale Unit, Penrith

Present:	Peter Scott	Lay Member – Finance & Governance, (PS) Chair
	Ruth Gildert	Nurse Member (RG)
	Jon Rush	Lay Member – Engagement (JR)
	Charles Welbourn	Chief Finance Officer (CW)
In Attendance:	Dr Geoff Jolliffe	GP Commissioning Lead Furness (GJ)
	Catherine Withington	PMO Cost Improvement Plan (CEW) Item 7 only
	Rebecca Ware	Senior Management Assistant (RW)

FP 134/16 **AGENDA ITEM 1: Welcome and Apologies**

The Chair welcomed everyone to the meeting, apologies were received from Hugh Reeve – Clinical Chair, Stephen Childs – Chief Executive, Peter Rooney – Chief Operating Officer, Les Hanley - Lay Member – Health Improvement & Kevin Windebank – Lay Member – Secondary Doctor.

FP 135/16 **AGENDA ITEM 2: Declaration of Interest**

There were no declarations of interest.

FP 136/16 **AGENDA ITEM 3: Minutes of the Meeting held 19 October 2016**

The minutes of the meeting held on 16 November 2016 were approved as a true record.

FP 137/16 **AGENDA ITEM 4: Matters Arising**

Alfred Barrow Update;

CW advised that the agreement at the last meeting was to sign off the plan. However the Clinical Commissioning Group (CCG) was still awaiting a date for a meeting early in the new year.

There had been a change within the Practice Profile for the Alfred Barrow Scheme, GJ Practice had pulled out. However another Practice was interested in joining. Joint work would take place between now and January with the Practices and NHS England (NHSE).

GJ joined the meeting after the Alfred Barrow Update.

Estates & Technology Transformation Fund Update;

CW updated the committee regarding the submission in August, work would continue on areas of priority, the CCG was receiving regular updates from NHSE.

CW to update the committee on the Estates & Technology Transformation Fund process at the January meeting.

FP 138/16 AGENDA ITEM 5: Performance Report

CW presented the report highlighting the key issues detailed in the document. Most trusts were achieving their trajectories. However there were quality and performance issues with 111, which were being monitored daily.

Discussion ensued regarding the friends & family test, trajectory was improving however there was no data after September 16. The University Hospital Morecambe Bay Trust (UHMBT) report highlights the issues and what actions were being taking to improve.

Action:

1. Report template to be discussed within the Organisational Development process with Executive Members over the next 3 months.
2. Can additional information be included in the Friends & Family Test section including actions & ownership of the actions, similar to the UHMBT report.

Resolved: The report be noted.

FP 139/16 AGENDA ITEM 6: Finance Report

CW presented the report updating the committee on the year to date financial position of the CCG and the risks associated with delivery of the financial plan. CW informed the committee that work was continuing on Procedures of Limited Clinical Value (PLCV) audit, as well as NECS colleagues continuing 'deep dives' into possible areas to address or review. CW updated the committee that PricewaterhouseCooper (pwc) had returned to review the action plan and would be reporting back to NHSE, verbal feedback received was positive with regards to the work which has been undertaken.

Discussion ensued regarding A&E attendances and excess bed days being above the national average.

Resolved: The report be noted.

FP 140/16 AGENDA ITEM 7: Financial Recovery Progress Report

CEW presented an update to the committee on the Financial Recovery progress to date, explaining that the fortnightly Project Review Board (PRB) meetings had commenced with Directors investigating areas of concern within the schemes.

Discussion ensued with regard to the paperwork, as well as the information that the committee would appreciate receiving. Areas highlighted included target savings, current achieved savings and the difference.

Resolved: The Report be noted.

FP 141/16 AGENDA Item 8: Boundary Change Transitional Plan

CW provided update to the committee, explaining the process of concentrating on the staff consultation in previous months, which has now been completed.

Discussion ensued regarding other areas which were ongoing, such as GP involvement and Lay Member Representatives, the issues around target changes for the South with the move to North Lancashire CCG needed to be discussed at the Transition Executive meetings.

Action: Arrangement of additional Governing Body meetings from January to discuss boundary change issues and processes.

Resolved: The Action Plan be noted.

FP 142/16 **AGENDA ITEM 9: Contract & Financial Planning Update**

CW presented an update on the 2 year contracts and financial plans which were required to be submitted by noon 23 December 2016.

Discussion ensued with regards to agreement being met with CCG, Cumbria Partnership Foundation Trust (CPFT) and acute trust, CW explained that an agreement would be reached. However additional work would need to be undertaken following submission to fine tune contracts. The CCG was working towards block contracts with all parties undertaking a risk share agreement.

Resolved: The update be noted.

FP 143/16 **AGENDA ITEM 10: Boundary Change Allocations**

CW presented the report, explaining that NHSE had tasked the CCG with the allocations split and documenting the methodology used. Allocations would be refreshed in 2 years' time. This had been signed off by Lancashire North and sent to NHSE.

Discussion ensued with regard to current running costs and underlying deficits and the effect that this would have for the North Cumbria footprint CCG.

It was proposed and seconded by Jon Rush and seconded by Ruth Gildert that the Boundary Change Allocation Report be presented to the Governing Body at its February 2017 meeting.

Resolved:

1. The Report be noted
 2. The Boundary Change Allocation Report be presented to the Governing Body on 1 February 2017
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FP 144/16 **AGENDA ITEM 14: AOB**

Accountable Officer Update;

CW advised that there was no further information to update the Committee on in terms of the appointment of the CCG's Accountable Officer. Members expressed concern that this issue was still unresolved and it was agreed that this issue would be raised with the Clinical Chair and/or the Chief Executive.

FP 145/16 **Date and time of next meeting:**

Wednesday 18 January 2017, 13:00, Meeting Room 1, Lonsdale Unit, Penrith Hospital.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP

Finance & Performance Committee

Wednesday 18 January 2017 at 13:00

MR1 Lonsdale Unit, Penrith

Present:	Jon Rush Stephen Child Ruth Gildert Les Hanley Charles Welbourn	Lay Member – Engagement (JR) Chair Chief Executive (SC) Nurse Member (RG) Lay Member – Health Improvement (LH) Chief Finance Officer (CW)
In Attendance:	Alison Clegg Catherine Withington Rebecca Ware	Head of Performance (AC) Item 6 only PMO Cost Improvement Plan (CEW) Item 8 only Senior Management Assistant (RW)

FP 146/16 AGENDA ITEM 1: Welcome and Apologies

The Chair welcomed everyone to the meeting, apologies were received from Hugh Reeve – Clinical Chair, Peter Rooney – Chief Operating Officer, Peter Scott – Lay Member – Finance & Governance & Kevin Windebank – Lay Member – Secondary Doctor.

FP 147/16 AGENDA ITEM 2: Declaration of Interest

There were no declarations of interest.

FP 148/16 AGENDA ITEM 3: Minutes of the Meeting held 21 December 2016

The minutes of the meeting held on 21 December 2016 was approved as a true record, with the following amendments;

- Page 2 – FP139/16 – PLCV to be changed to Procedures of Limited Clinical Value,
- Page 3 – FP144/16 – Office should read Officer,
- Page 4 – FP144/16 – should read Clinical Chair and Chief Executive.

FP 149/16 AGENDA ITEM 4: Action Log of the Meeting held 21 December 2016

The action log of the meeting held on 21 December 2016 was approved as a true record, with the following amendment;

- 15/029 – to read – “Arrangement of additional Governing Body meetings when required to discuss Boundary Change issues and processes, until the end of March” as an ongoing action.

FP 150/16 **AGENDA ITEM 5: Matters Arising**

Alfred Barrow Update;

CW updated the committee following discussions last week; the Clinical Commissioning Group (CCG), NHS England and Community Health Partnership were meeting to address issues. The final model should be due for sign off at the end of the month. Further update would be given at the February Governing Body Meeting and Finance and Performance Meeting.

Estates & Technology Transformation Fund Update;

CW updated the committee regarding the submission in August, work would continue on areas of priority, the CCG was receiving regular updates from NHSE.

CCG has been asked by NHS England and NHS Improvements to confirm the capital requirements that were in the Strategic Transformation Planning (STP) for West, North and East Cumbria that included assumptions on Primary Care Development which was assumed would be funded by the Estates and Technology Transformation Fund.

FP 151/16 **AGENDA ITEM 6: Performance Report**

AC presented the report highlighting the key issues detailed in the document. Most trusts were achieving their trajectories. However there were quality and performance issues with Mental Health IAPT (Improving Access to Psychological Therapies). Discussion ensued with regard to recruitment issues, the possibility of out-sourcing to be discussed at the next Contract Meeting.

Discussion ensued regarding cancer targets which continued to improve, there was a plan to provide increased access at Cumberland Infirmary, Carlisle.

Resolved: The report be noted.

FP 152/16 **AGENDA ITEM 7: Finance Report**

CW presented the report updating the committee on the year to date financial position of the CCG and the risks associated with delivery of the financial plan. CW informed the committee an update with regards to the NHS England Local Price Modification was due imminently.

Discussion ensued regarding most likely risk to the CCG financially, there was work being completed by colleagues to reduce the impact as much as possible.

Resolved: The report be noted.

FP 153/16 **AGENDA ITEM 8: Financial Recovery Progress Report**

CEW presented an update to the committee on the Financial Recovery progress to date, explaining that the fortnightly Project Review Board (PRB) meeting had highlighted issues with the reporting templates and consistency.

Discussion ensued with regard to the current position, as well as the work being completed by colleagues to ensure that the CCG achieves the best financial position.

Resolved: The Report be noted.

FP 154/16 **AGENDA Item 9: Boundary Change Transitional Plan**

CW provided an update to the committee, explaining there are fortnightly meetings and a clear plan in place for the Boundary Change.

Discussion ensued with regards to the Lay Reps, this needed to be specifically listed on the action plan as it currently only mentioned Lay Members. There also needed to be a reference to how North Cumbria CCG was to move to a Level 3 CCG.

Resolved: The Action Plan be noted.

FP 155/16 **AGENDA ITEM 10: Contract & Financial Planning Update**

CW presented an update on the 2 year contracts and financial plans which were submitted by 23 December 2016. There was ongoing work being completed to reach an agreement with CCG, Cumbria Partnership Foundation Trust (CPFT) and the acute trust on the block contract and risk share.

Resolved: The update be noted.

FP 156/16 **AGENDA ITEM 14: AOB**

There were no further items of business.

FP 157/16 **Date and time of next meeting:**

Wednesday 15 February 2017, 10:00, Meeting Room 1, Lonsdale Unit, Penrith Hospital.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
Finance & Performance Committee
Wednesday 15 February 2017 at 13:00
MR1 Lonsdale Unit, Penrith

Present:	Jon Rush Stephen Child Les Hanley Peter Rooney Charles Welbourn Kevin Windebank	Lay Member – Engagement (JR) Chair Chief Executive (SC) Lay Member – Health Improvement (LH) Chief Operating Officer (PR) Chief Finance Officer (CW) Lay Member – secondary Doctor (KW)
In Attendance:	Catherine Withington Rebecca Ware	PMO Cost Improvement Plan (CEW) Item 8 only Senior Management Assistant (RW)

FP 158/16 **AGENDA ITEM 1: Welcome and Apologies**

The Chair welcomed everyone to the meeting, apologies were received from Hugh Reeve – Clinical Chair, Peter Scott – Lay Member – Finance & Governance & Ruth Gildert – Nurse Member.

FP 159/16 **AGENDA ITEM 2: Declaration of Interest**

There were no declarations of interest.

FP 160/16 **AGENDA ITEM 3: Minutes of the Meeting held 18 January 2017**

The minutes of the meeting held on 18 January 2017 was approved as a true record, with the following amendments;

- Page 3 – FP154/16 – Should read “Discussion ensued with regard to the Lay Reps, this needed to be specifically listed on the action plan as it currently only mentioned Lay Members”.

FP 161/16 **AGENDA ITEM 4: Action Log of the Meeting held 18 January 2017**

The action log of the meeting held on 18 January 2017 was approved as a true record, with the following comments;

- 15/027 – ongoing – due to the Organisational Change and possible changes within reporting / documentation from April 2017,
- 15/028 – ongoing – as above,
- 15/029 – action complete, with the option open to add additional Governing Body

Meetings as required.

FP 162/16 **AGENDA ITEM 5: Matters Arising**

Alfred Barrow Update;

CW updated the committee following discussions last week; the Clinical Commissioning Group (CCG), NHS England and Community Health Partnership were meeting to address issues. The final model should be due for sign off at the end of the month. Further update would be given at the February Governing Body Meeting and Finance and Performance Meeting.

Estates & Technology Transformation Fund Update;

CW updated the committee regarding the submission in August, work would continue on areas of priority, the CCG was receiving regular updates from NHSE.

CCG has been asked by NHS England and NHS Improvements to confirm the capital requirements that were in the Strategic Transformation Planning (STP) for West, North and East Cumbria that included assumptions on Primary Care Development which was assumed would be funded by the Estates and Technology Transformation Fund.

FP 163/16 **AGENDA ITEM 6: HR Policies**

Resolved:

- 1. The committee approved the named leads in the Executive Summary, section 2.7,**
 - 2. The committee ratified HR35 Freedom to Speak Up: Raising Concerns Policy,**
 - 3. The committee ratified HR19 Other Leave Policy**
-

FP 164/16 **AGENDA ITEM 7: HR Performance Report**

Resolved: The Report be noted

FP 165/16 **AGENDA ITEM 8: Performance Report**

AC presented the report highlighting the key issues detailed in the document. Most trusts were achieving their trajectories. However there were quality and performance issues with Mental Health IAPT (Improving Access to Psychological Therapies). Discussion ensued with regard to recruitment issues, the possibility of out-sourcing to be discussed at the next Contract Meeting.

Discussion ensued regarding cancer targets which continued to improve, there was a plan to provide increased access at Cumberland Infirmary, Carlisle.

Resolved: The report be noted.

FP 166/16 **AGENDA ITEM 9: Finance Report**

CW presented the report updating the committee on the year to date financial position of the CCG and the risks associated with delivery of the financial plan. CW informed the committee an update with regards to the NHS England Local Price Modification was due imminently.

Discussion ensued regarding most likely risk to the CCG financially, there was work being completed by colleagues to reduce the impact as much as possible.

Resolved: The report be noted.

FP 167/16 **AGENDA ITEM 10: Financial Recovery Progress Report**

CEW presented an update to the committee on the Financial Recovery progress to date, explaining that the fortnightly Project Review Board (PRB) meeting had highlighted issues with the reporting templates and consistency.

Discussion ensued with regard to the current position, as well as the work being completed by colleagues to ensure that the CCG achieves the best financial position.

Resolved: The update be noted.

FP 168/16 **AGENDA Item 11: Boundary Change Transitional Plan**

CW provided an update to the committee, explaining there are fortnightly meetings and a clear plan in place for the Boundary Change.

Discussion ensued with regards to the Lay Members, this needed to be specifically listed on the action plan as it currently only mentioned Lay Reps. There also needed to be a reference to how North Cumbria CCG was to move to a Level 3 CCG.

Resolved: The action plan be noted.

FP 169/16 **AGENDA ITEM 12: Risk Register**

Resolved: The report be noted.

FP 170/16 **AGENDA ITEM 13: Contract & Financial Planning Update**

CW presented an update on the 2 year contracts and financial plans which were submitted by 23 December 2016. There was ongoing work being completed to reach an agreement with CCG, Cumbria Partnership Foundation Trust (CPFT) and the acute trust on the block contract and risk share.

Resolved: The update be noted.

FP 171/16 **AGENDA ITEM 14: AOB**

Discussion ensued with regard to what the plan were for North Cumbria CCG to transition from Level 1 to Level 3 commissioning.

RP and CW to update the committee at the next meeting.

FP 172/16 **Date and time of next meeting:**

Wednesday 15 March 2017, 10:00, Meeting Room 1, Lonsdale Unit, Penrith Hospital.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE ALLERDALE GP/ICC EXECUTIVE
 Thursday 12 January 2017, 09:00
 Cockermouth Community Hospital CA13 9HT

Present:	Niall McGreevy Anita Barker Dan Berkeley Mel Bradley Vanessa Connor Simon Desert Ann-Marie Grady Tim Hooper Julie Saxton	Lead GP Workington (Chair) (NMcG) Network Deputy Director (AB) Lead GP Maryport (DB) Primary Care Development Lead (MB) ICC Manager C'mth/M'port ICC (VC) Lead GP Cockermouth (SD) ICC Manager Workington (AMG) Lead GP Keswick (TH) Lead GP Solway (AT)
In Attendance:	Lyn Hardie	Locality Administrator (minute taker) (LCH)

AL 01/17 **AGENDA ITEM 1: Chairs Welcome & Apologies** *Action*

Apologies were received from; Sue Gallagher, Lay rep

AL 02/17 **AGENDA ITEM 2: Declarations of Interest**

Dr Dan Berkeley and Dr Simon Desert declared an interest in Item 5 as their GP Practice will benefit.

AL 03/17 **AGENDA ITEM 3: Minutes of 10 November 2016 meeting & Action Log**

Resolved: The minutes of the above meeting were agreed as an accurate record subject to the amendment as follows;

AL 83/16 sub heading Gainshare - sentence should read "Pathology looks better than Radiology and this could be because of early cancer detection testing."

AL 04/17 **AGENDA ITEM 4: Productive Primary Care Lead Update**

GP Forward View – non clinical training; MB explained about the funding pot from NHSE, which is available to provide training for reception and other admin staff in two specific areas; Care Navigation and Workflow Optimisation at practices. The fund is available annually over the next five years.

The guidance is that Practices work collectively and for Cumbria it will probably work best from ICC perspective.

The GP Forward View website has examples of a number of non-profit

companies who are willing to roll out the training to others.
The Practice Managers support the training idea and to use the PLT sessions for this.

A decision is needed on what training programme to use and MB will forward details to the members.

ACTION: MB to forward details of the training options.

MB

Recruitment: A Cumbria Recruitment Hub has been developed which means every NHS job across Acute, CPFT and Primary Care is on the same site and then distributed nationally though links other than NHS jobs website. This will mean that it is easier to search for Cumbria opportunities with supporting resources to attract people to the area. It will require someone in each Practice or at an ICC level to be trained to input vacancies onto NHS Jobs website initially as they arise.

Geriatrician of the Week: There is a consultant available for advice and guidance with direct links into the frailty hub at CIC. This is available for all Practices in North Cumbria and not just those practices which feed into CIC. The meeting discussed the poor uptake of the service and agreed that clarification is needed on the services available.

ACTION: MB will seek clarification on how the service will work for practices who usually feed into WCH.

MB

QIS Data: MB informed the meeting that the new two year contract with the Acute is on a block contract basis and has now been agreed.

Gainshare: Allerdale is doing well on the pathology figures and is going in the right direction for radiology, but those figures are still in the red. Ultrasound data is showing the greatest variation.

SD asked if we could look at out-patient referral rates together with diagnostic usage on a practice basis. MB confirmed we could.

ACTION: MB will share the data with the Practices.

MB

MB to organize the data in line with SD's request.

Prescribing: The figures are better than last month.

AL 05/17 **AGENDA ITEM 5: Cockermouth/Maryport ICC funding approval**

Geriatrician and Enhanced Rehab Team scheme DB,VC & SD presented an update to their current sub-locality schemes and sought approval to re-direct funds into additional geriatric time to ensure both Maryport and Cockermouth populations have access to the same services.

After discussion there was general approval with a note that a contract variation will be needed with CPFT and some costing clarification is needed.

ACTION: AB and VC to work to clarify costs and contract variation requirements.

AB/VC

AL 06/16 **AGENDA ITEM 6: Feedback from Lead GP meetings attended**

NMcG updated the meeting on the main points of interest from meetings he has attended;

- David Rogers has been appointed as the CCG accountable officer until

April 2018

- After the CCG staff re-structure, the GP Leads will be going through their own consultation with a letter being issued next week. There will be some central posts and some ICC posts
- Continuing Health Care costs have escalated in the last two years and Helen King is leading a team to look closely at cases. Allison Graham from the Workington FEA Team has been seconded onto Helen's team for this piece of work.
- Discussions are ongoing around the Accountable Care Organisation
- ICC meetings – vacancies have been advertised for ICC Managers with interviews on 25th Jan. The posts are on a six month secondment and further details of this arrangement can be gained from Caroline Evans CPFT

AL 07/16 **AGENDA ITEM 7: ICC Updates**

- A Delivery Implementation Group (DIG) has been set up and is chaired by Caroline Evans and Deborah Butcher (ASC). An ICC Commissioning Group has also been implemented jointly chaired by CCG/ASC. These two groups feed into the ICC Strategic Steering Group. Business cases need to be presented to the steering group for the £4.7m of funding available. The DIG is focusing on Co-ordination Hubs, Rapid Response, increased capacity for integrated teams for Hospital at Home Service, and Discharge to Assess schemes.
- SD updated the meeting on the IT discussions for ICCs and how sharing information across the teams can work. There is now agreement that EMIS is the system that will be used for ICCs. There are discussions around databases and the plan is to move from fragmented databases to a bigger ICC footprint database, and then move to using EMIS workflow.
- There are bids in for agile working, which should mean live, full access to 4G enabled EMIS that community staff and home visiting GPs can utilise. Ideally, this will create 'virtual' ICCs in disparate areas eg. Solway.
- ICCs have been asked to support the Acute 'Super Safer Week'. Cocker mouth/Maryport is looking to identify their patients currently in Acute and how soon they can be discharged using community teams to accelerate discharge. Workington is hoping to get access to in-patient data through this 'Super Safer' week.
- Keswick/Solway ICC are waiting for a manager to be appointed as they have some ideas ready to start.

AL 08/16 **AGENDA ITEM : Date and time of next meeting approved:**

09:00 – 11:30 Thursday 9th March 2017, Ann Burrow Thomas Health Centre,
Workington CA14 2EW

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE CARLISLE LOCALITY EXECUTIVE
Wednesday 26 October 2016 – 13.30
Conference Room, Rosehill, Carlisle

Present:	Dr Colin Patterson Dr Alan Edwards Dr Mark Alban Andrew Gosling Andrea Loudon Olwyn Luckley Muriel Nixon Richard Garrett Gail Newton	GP Lead (Chair) (CP) Deputy GP Lead (AE) GP (MA) Business & Performance Manager (Carlisle & Eden) (AG) Primary Care Development Lead (AL) Lay Representative (OL) Commissioning Manager (MN) Commissioning Officer (RG) Practice Nurse (GN)
In Attendance:	Jane Nolan Nicola Jackson Eleanor Hodgson Adele Morgan	Named GP Safeguarding - Carlisle Locality (JN) Senior Programme Manager - Children & Families (NJ) Director for Children and Families (EH) Admin Assistant (AM)

CLE 79/16 AGENDA ITEM 01: Welcome and Apologies

Apologies were received from Cathryn Beckett-Hill.

CLE 80/16 AGENDA ITEM 02: Declarations of Interest

GPs L3 co-commissioning.

CLE 81/16 AGENDA ITEM 03: Minutes and Actions of 28th September 2016 Meeting

The minutes of the meeting held on 28th September were received and accepted as a true record.

The action log was updated.

- 16/12: There is a Healthy Cities meeting on 28th October. MN to provide update at next meeting.
- 16/15: The decision was that the CCG would look to charge North Cumbria Acute through IFR panel.
- 16/16: Provide questions / topics to address with Stephen Childs at the next meeting.

CLE 82/16 AGENDA ITEM 04: (i) SCR Learnings

JN delivered SCR presentation. AE asked if there was anything as a locality to be done in regards to communication at Practices. JN suggested it may a good idea for her to go along to Practice Managers meetings again to roll out awareness throughout the year. OL added in her role on a Governing Board she had noted the Safeguarding Policy had been strengthened, and commented a problem was getting the help when it was required due to the existing pressures on services.

CLE 83/16 AGENDA ITEM 04: (ii) Update: Paediatric ICCs Pilot

MA added this would start before Christmas.

EH provided a document *"Looking at the Interface Between Integrated Children's Services and Integrated Care Communities (ICCS)"* and welcomed any feedback.

CLE 84/16 AGENDA ITEM 04: (iii) CAMHS Hub Development Update

EH gave an overview of the CAMHS Hub and explained the ways in which tier 2 referrals are now dealt with. She explained that there had been some problems with regard to the service having a waiting list but this has been caused by the emphasis of one to one working when they should only be providing a supporting service. The CAMHS transformational plan, with regard to eating disorders, is still ongoing until April 2017. They also have submitted a bid on waiting times to tackle anxiety and depression. Generally the communication between CAMHS and Adult Mental Health Services has improved.

CLE 85/16 AGENDA ITEM 05: (i) Level 3 Co-Commissioning

The L3 co-commissioning paper was discussed.

GN noted that the possible conflict of interest with ICCs was a concern if not managed appropriately and no objections to a move to level 3 co-commissioning was noted.

CLE 86/16 AGENDA ITEM 05: (ii) Stephen Childs Visit – 23rd November 2016

Stephen Childs will be attending the next Exec on 23rd November 2016.

Questions to ask / topics to be discussed should be submitted by close of play next week (Friday 4th November).

CLE 87/16 AGENDA ITEM 05: (iii) Success Regime – Ongoing Feedback

Currently in the middle of consultation. SR booklets were available.

Debbie Freake's paper was discussed, *"Joint Report to a Private Business Meeting of the Board of Directors of each of the WNE Cumbria STP Organisations."* CP noted this was not reflective of GP forward view and did not mention MCPs.

Conversations needed to begin now with a view for a model to be in place by December.

CLE 88/16 AGENDA ITEM 05: (iv) Boundary Changes / Staff Consultation

It was noted no FAQs had been published on either link sent through by Comms.
CR email / proposed letter discussed. Any comments to be passed to CR by cop.

CLE 89/16 AGENDA ITEM 05: (v) Care Home Team

Recurrent funding has been agreed. Vacancies to be filled.

Think of ideas around extending the care home team, which ICCs will have to take forward. Possible topic to discuss with Stephen Childs at the next meeting.

AG brought attention to the graph on page 4 which showed a reduction in non-elective admissions.

CLE 90/16 AGENDA ITEM 05: (vi) Care Home Closures – Update

MN provided updated on care home closures.

Harker Grange has closed down.

3 homes currently at risk: Langrigg, Petteril Bank, Elizabeth Welsh

Currently under consultation until 23rd December 2016 with a proposal to move to a 60 bed residential home. MN to draft a paper.

CLE 91/16 AGENDA ITEM 05: (vii) School Nursing / Health Visiting Services Changes

Colin Cox had issued a briefing which concluded there would be a fairer workload distribution which implied better outcomes. Although this would result in changes to both School Nursing and Health Visitor to allow for staff to have the same amount of intense cases.

It was asked to confirm when consultation on this would be.

Questions were raised regarding what evidence had been used in these thoughts and have impact assessments been completed

CLE 92/16 AGENDA ITEM 06: (i) Business & Performance Report

AG drew everyone's attention to some key points in the report

- The CCG as a whole is performing against planned levels of activity for both elective and non-elective activity. However, this benefit is offset by the continued rising cost per spell.
 - In addition A&E attendances is significantly up on plan which could be attributed to more accurate coding, or more expensive treatments – indicating the right treatments are being provided.
 - There was a question around the accuracy of the data for Carlisle Healthcare on page 7 and AG agreed to look into the cause.
 - AG advised that 111 calls being diverted through CHOC were expanding and being rolled out. The plan is to expand to 'in-hours' as well as 'out of hours' before
-

Christmas. CR is also backing this move.

- AL added for prescribing that the Carlisle locality as a whole was underspending, with a predicted EOY underspend of £280,477. Radiology / pathology underspend was £25k, totalling a £300k underspend.

CLE 93/16 AGENDA ITEM 07 – Any Other Business

It was noted that Andy Airey returns from secondment on Monday 31st October.

CLE 94/16 AGENDA ITEM 08 – Date & Time of next meeting

The date of the next meeting is Wednesday 23rd November, 1.30pm, Conference Room, Rosehill

Agenda Items: Stephen Childs visit – send in questions / topic areas for discussion by COP Friday 4 November.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE CARLISLE LOCALITY EXECUTIVE
Wednesday 23 November 2016 – 13.30
Conference Room, Rosehill, Carlisle

Present:	Dr Colin Patterson Dr Alan Edwards Dr Mark Alban Andrew Gosling Andrea Loudon Olwyn Luckley Jane Anderson Muriel Nixon Richard Garrett Gail Newton Cathryn Beckett-Hill	GP Lead (Chair) (CP) Deputy GP Lead (AE) GP (MA) Business & Performance Manager (Carlisle & Eden) (AG) Primary Care Development Lead (AL) Lay Representative (OL) Lay Representative (JA) Commissioning Manager (MN) Commissioning Officer (RG) Practice Nurse (GN) Public Health Locality Manager (CBH)
In Attendance:	Stephen Childs Adele Morgan	Chief Executive, NHS CCG (SE) Admin Assistant (AM)

CLE 95/16 AGENDA ITEM 01: Welcome and Apologies

Apologies were received from Andy Airey

CLE 96/16 AGENDA ITEM 02: Declarations of Interest

None

CLE 97/16 AGENDA ITEM 03: Minutes and Actions of 26th October 2016 Meeting

The minutes of the meeting held on 26th October were received and amendments were made under Agenda Item 06: (i) Business & Performance Report.

The action log was updated

- 16/15 – MCP Emerging Care Model – Caroline Rea to provide a more in depth Q&A at next meeting on 20th January 2017
- 16/18 – HAWCs Update – completed
- 16/14 – 24.08.16 Business & Performance Report reporting figures – ongoing, to be completed April 2017
- 16/23 – School Nursing / Health Visiting Services Changes – completed
- 16/24 & 16/25 – 26.10.16 Business & Performance Report – completed

CLE 98/16 AGENDA ITEM 04: Stephen Childs Talk

SC spoke to the group about his experience and career so far and the group put forward their questions to SC.

AM to invite SC to the next Exec in January 2017 to provide a response and update.

CLE 99/16 AGENDA ITEM 05: (i) Dr Jane Nolan – Annual Report

CP presented the report prepared by Dr Jane Nolan. CP advised that the CCG is currently consulting with staff with regard to a restructure. This restructure would also impact on those that provide clinical / GP time at some stage in the future. At present it is not clear if this will be via elections or appointments but the current thoughts were that the implementation would be by 31/03/17.

CLE 100/16 AGENDA ITEM 05: (ii) Realigning Community Nursing & Therapy Services – Briefing

MN to put forward questions from the Exec on behalf of the group:

- Paper states that each patient will be discussed at one MDT only, the Exec asked for clarification re the wording of each patient interested to know how this will be facilitated time-wise
 - Paper mentions realigning into three multi-disciplinary teams –realigning how? ICC basis? Network basis?
 - Benefits include Clinical outcomes- can these be defined
 - Team structure appears to show silos rather than multidisciplinary. Doesn't explain how the ICC team will be ran or indicate ideas of resource required for ICC
-

CLE 101/16 AGENDA ITEM 05: (iii) Consultation of Care Homes in Carlisle

MN presented update and issued paper.

Questions were raised around:

- How have the number of beds been agreed given that there are currently 117 beds across the three homes and this is being reduced to 60?
 - What specialist training will be arranged: there are lots of training issues across care homes is this being addressed within these proposals?
 - How many staff will be apprentices / job starters? Recruitment is an issue across care homes is this being addressed within the proposals?
 - There is a lack of respite placements are any of these beds going to provide respite?
 - Do proposals take into account the developing integrated care communities (ICCs) and are there any formal links to these?
 - The 19 patients at Elizabeth Welsh, are supporting the frail elderly have there been any discussions for these patients to be transferred to more suitable homes such as extra care housing rather than residential?
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- What is the involvement of patient groups / voluntary sector and carer support? What discussions have taken place with these groups within the consultation period?
-

CLE 102/16 **AGENDA ITEM 05: (iv) HAWCs Update**

Health and Wellbeing Coordinators (HAWCS)

- CBH issued general update, including Logic Model and Benefits & Performance Matrix
- HAWCS will start coming into post from 5th December, with a phased approach in five cohorts
- A communications plan is being developed, to include stakeholder launch early 2017;
- The draft service model is being developed
- HAWCs will be aligned with ICC footprints, and form part of the MDT at single point of access (SPA)
- They will work with a wide range of adults, e.g. drug and alcohol, homeless, refugees, non-complex frail/elderly
- Access to HAWCS will be via GPs, SPA and self-referral
- Neighbourhood Care Independence Programme (NCIP): New service specification includes 5-6 officers providing a holistic person-centred approach. 3rd Sector outcomes focussed delivery using Compass system. New arrangements to be agreed in January for service start in April 2017

Any feedback, suggestions or questions are very welcome and should be directed to cathryn.beckett-hill@cumbria.gov.uk.

0-19 Healthy Child Programme Commissioning

Link to paper that went to Cabinet last month relating to the 0-19 Healthy Child programme (p 37 onwards): <http://moderngov.ccc/mgChooseDocPack.aspx?ID=8486&SID=17418>

The full set of Cabinet papers, including minutes, are available here: <http://moderngov.ccc/ieListDocuments.aspx?Cid=117&Mid=8486>

The recommendations detailed in this report were approved by Cabinet.

Any feedback, suggestions or questions are very welcome and should be directed to cathryn.beckett-hill@cumbria.gov.uk.

CLE 103/16 **AGENDA ITEM 06: (i) Business & Performance Report**

No financial report was available so AG highlighted the main points from a report prepared by Charles Welbourn.

Agreed planned deficit of £8.5 million. At month 7 the CCG is overspent against plan by £1.6m. Without further action this is projected to increase to around £4.0m (Table 1, col

B), with the key issues being:

- Improved performance on prescribing (over-achievement of CIP projected at £1.8 million)
- Pressures in the local acute sector, notably A&E activity (with a similar increase in emergency ambulance activity), emergency excess bed days and PBR excluded drugs off-set by below target activity in elective care across the two contracts.
- Work over the coming weeks with NECS to identify further opportunities to improve our existing plans to address slippage
- Continue to review potential contract challenges
- Review potential “new opportunities” through expanding schemes that are delivering and opportunities arising from recent workshop

AL presented some graphs to the group, pointing out key areas including cost per ASTRO-PU – Carlisle – lowest spend amongst North East colleagues.

Further investigation is required into some figures on September prescribing.

Overall keeping up the good work. Only threat now is people taking their foot of the pedal in regards to Gainshare. Gainshare schemes and progress to be discussed at January exec.

CLE 104/16 AGENDA ITEM 07 – Any Other Business

JA stated approval had been given to go ahead with the Hadrian Unit Sensory Garden which would be open to patients and their carers / families.

CLE 105/16 AGENDA ITEM 08 – Date & Time of next meeting

The date of the next meeting is Wednesday 25th January 2017, 1.30pm, Conference Room, Rosehill

Agenda items:

- Stephen Childs to come along to next meeting to provide update on questions asked
 - Gainshare schemes and progress
 - Colin Cox paper & consultation – feedback / questions update (CBH)
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NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE CARLISLE LOCALITY EXECUTIVE
 Wednesday 1 February 2017 – 13.30
 Conference Room, Rosehill, Carlisle

Present:	Dr Colin Patterson Andrea Loudon Olwyn Luckley Jane Anderson Muriel Nixon Gail Newton	GP Lead (Chair) (CP) Primary Care Development Lead (AL) Lay Representative (OL) Lay Representative (JA) Commissioning Manager (MN) Practice Nurse (GN)
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In Attendance:	Richard Garrett	Commissioning Officer
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CLE 001/17 AGENDA ITEM 01: Welcome and Apologies

Apologies were received from:

Andy Airey- Deputy Network Director, Carlisle & Eden
 Stephen Childs - Chief Executive, NHS CCG (SE)
 Cathryn Beckett-Hill - Public Health Locality Manager (CBH)
 Andrew Gosling - Business & Performance Manager (Carlisle & Eden) (AG)
 Dr Alan Edwards - Deputy GP Lead (AE)
 Dr Mark Alban - GP (MA)

CLE 002/17 AGENDA ITEM 02: Declarations of Interest

None

CLE 003/17 AGENDA ITEM 03: Minutes and Actions of 23rd November 2016 Meeting

The minutes of the meeting held on 23rd November were received and no amendments were required.

The action log was updated

- 16/14 – 24.08.16 Business & Performance Report reporting figures – ongoing, to be completed April 2017
- 16/26 – Stephen Childs Visit- Complete
- 16/27- Realigning Community Nursing & therapy Services briefing- Complete
- 16/28- Consultation of Care Homes in Carlisle- Complete
- 16/29- Hawc’s Update- In position but being inducted/training. Suggestion of a March start date. Complete

CLE 004/17 AGENDA ITEM 04 (i): Colin Cox Paper & Consultation- Feedback/update

MN presented an update provided by Claire King- Acting Consultant in Public Health. Although the response was comprehensive it did not answer the question on whether family school nurses would be removed and/or redeployed elsewhere.

MN to clarify what provisions are being made.

CLE 005/17 AGENDA ITEM 04 (ii): STP- National Diabetes Treatment bid

MN spoke to the group about a recent STP area bid in relation to diabetic footcare. The bid worth £400k had been submitted to NHS England and was awaiting a decision.

CLE 006/17 AGENDA ITEM 05 (i): Business & Performance Report

CP highlighted the main points from a report. Fusehill Street merger was due to complete in October. Failing this it would be in the next financial year.

CLE007/17 AGENDA ITEM 05 (ii): Gain share and progress

AL advised that the total underspend so far was £368k with £42k of that from Pathology and Radiology. Suggestion was made the gain share could be used towards weekend working and the implementation of mobile technology. Set national criteria would still have to be met to allow the funding of these projects.

CLE 008/17 AGENDA ITEM 06: New Structure

CP presented the CCG structure which is due for implementation as of April 2017. There is also a Clinical leadership review that is ongoing and due to be complete by the end of February 2017.

All lay reps have a meeting at the end of March 2017 to advise them of what options would be available for them. CP advised that if they have any issues prior to this meeting then they could contact Jon Rush.

CLE 009/17 AGENDA ITEM 07: Terms of Reference and Constitution

CP thanked all members that have been involved In the Carlisle locality. He advised that he though the locality had stood by the constitution and achieved the terms of reference for the group. The number of people being involved had been an issue with the lack of attendance by GP leads and practice managers. CP explained that he thought the locality was never really embraced by the practices. He also thought that the locality had a strong team and provided more challenge than other areas.

MN presented a list of “four years in CCG” which highlighted the achievements of the locality over this time.

CLE 010/17 AGENDA ITEM 08 – Any Other Business

CP presented an update that had been provided by Stephen Childs with regards questions that were raised to him from the executive meeting in November 2016. CP thanked Stephen for this reply.

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE COPELAND LOCALITY EXECUTIVE
WEDNESDAY, 14 DECEMBER 2016, 13:30 HOURS
CLEATOR MOOR HEALTH CENTRE

Present: Celia Heasman, GP Westcroft **CH**
Helen Horton, GP Distington **HH (Chair)**
Kathryn Illsley, GP Seascale **KI**

In Attendance: Mel Bradley, Primary Care Lead **MB**
Brenda Bragg, Administrator (minute-taker) **BB**
Bernard Courtney, Patient Rep **BC**
Linda Haig, Commissioning Manager **LH**
Mark Megan, Practice Manager Fellview **MM**
Michelle Mulcahy, Senior Commissioner (Elective) **MMy**

COE 55/2016 AGENDA ITEM 1: Welcome and Apologies

Apologies were received from: Anita Barker, Rick Tranter, Angelique Weiss, Marieke van Bussel.

Michelle Mulcahy was introduced to the Executive. Michelle had commenced with the CCG as Senior Commissioner – elective care (during Ann-Marie Grady's secondment).

COE 56/2016 AGENDA ITEM 2: Declaration of Interest

There were no conflicts of interest.

COE 57/2016 AGENDA ITEM 3: Minutes of Previous Meeting / Matters Arising

Due to low attendance the meeting was not quorate therefore the October minutes were not approved. They would be circulated again to the Executive for ratification.

(a) Update from Council of Members (24.11):

Voted to:

- Alter the CCG boundaries. Lancashire North CCG taking on practices in South Cumbria (creating a Morecambe Bay CCG) whilst Allerdale, Carlisle, Copeland and Eden remaining as Cumbria CCG.
- Explore with NHS England the possibility of increasing the CCG level of delegation for the commissioning of primary care to level 3.

(b) CCG New Structure: HH handed out the final version of the structure which gave clear lines of accountability and clinical leadership. There

would be 4 GP leads within the Clinical Leadership Team (linking with the management team).

COE 58/2016 AGENDA ITEM 4: Action Log

The action log would be revisited in January.

Meanwhile an e-mail would be sent to remind Practices to submit questions that they would like Stephen Eames/Helen Ray to address when attending the Executive in January.

BB/HH

COE 59/2016 AGENDA ITEM 5: Copeland ICC

- a) Current position. LH informed that it is the intention that Copeland Locality will move to form an ICC from April 2017 with one ICC based on the current general practice footprint and will include all of the health and social care system including pathways between the community and acute hospital, particularly West Cumberland Hospital.
- b) Leadership: 8 ICC GP Leads working 1 session per week (2 sessions funded initially for 12 months during ICC development). The Executive needs to start thinking about the leadership role and what we would want the ICC to look like. Terms of reference, structure of leadership group and constitution would be discussed at the Executive in February which is being dedicated to the development of Copeland ICC.

Action: LH would raise with the ICC Design and Implementation Group constitution of leadership group.

LH

- c) Nurse Practitioner Care Homes Project: A paper updating the Executive had been circulated earlier. Four additional nurses are required to enhance the team and expressions of interest from nurse practitioners / prescribing nurses across Copeland had been circulated by Fellview. Access to patient notes by nurses: remote log in details for individual practices to be set up. Speak to William Lumb: **Action: HH**

HH

COE 60/2016 AGENDA ITEM 7: Primary Care

Gainshare: The Gainshare agreement is forecast to return savings for Copeland with Pathology and Prescribing performing well. Radiology is currently just over the savings threshold but further initiatives are planned for the New Year when radiology requesting will move onto the ICE system. Various practices will be asked to test the system and be provided with training prior to roll out across North Cumbria. Currently radiology guidelines are integrated into Map of Medicine pathways and linked to *I-refer* which can also be accessed free of charge from any NHS address (click on following link to access <http://nww.irefer.nhs.uk/>).

The CCG have submitted 2 bids for resilience funding from NHSE. One urgent care and one relieving work pressure. Backfill would be available for a

Practice Manager interested in project managing.

Copeland Localities are the 4th highest prescribers of antibiotics in the country (Allerdale/Carlisle close behind). The Medicines Optimisation team will look at ways of improving antibiotic prescribing

HH suggested dedicating the next available PLT session to antibiotic prescribing and e-mailing UCLAN as they are interested in antibiotic research.
(Post note: PLT – Wednesday, 22 March).

COE 61/2016 AGENDA ITEM 9: Any Other Business

- a) Housebound patients/medication. Defer until January.
- b) Calibration of equipment across Copeland Practices. This, along with pat testing would be discussed at the Practice Managers forum. MM to take forward.
- c) Feedback from Copeland Patient Participation Group (PPG). Bernard Courtney fed back from the meeting of 29 November.
 - Five practices were represented;
 - Linda Haig from the CCG updated the group on ICC and the Frailty Pathway;
 - The Success Regime consultation was discussed and the group will be submitting a response. (BC to circulate to Exec); There is concern about the process that has been followed.
 - Modernisation of Residential Care Homes consultation. A response to this has been submitted by the PPG. HH had submitted response from Executive.

The PPG need to link into Copeland ICC when established.

COE 62/2016 AGENDA ITEM 10: Date and Time of Next Meeting

Thursday, 26 January 2017

13:30 hours

Cleator Moor Health Centre
