

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF GOVERNING BODY MEETING  
Wednesday 4 October 2017  
Carlisle Racecourse, Durdar Road, Carlisle. CA2 4TS

<b>Present:</b>	Jon Rush	Lay Chair ( <b>Chair</b> ) (JR)
	Amanda Boardman	Lead GP – Lead GP Children and Adult Safeguarding (AB)
	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Denise Leslie	Lay Member – Public Engagement (DL)
	Colin Patterson	Lead GP – Primary Care (CP)
	Peter Rooney	Chief Operating Officer (PR)
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)
<b>Observers:</b>	Sue Stevenson	Healthwatch Cumbria (SS)
<b>In Attendance:</b>	Stephen Childs	Chief Executive (SC)
	Julie Clayton	Head of Communications (JC)
	Brenda Thomas	Governing Body Support Officer (BT)
Agenda Item 11	William Lumb	Chief Clinical Information Officer (WL)

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GB 53/17      **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting and introduced the new Lay Member for Public Engagement, Denise Leslie, whom had been appointed to her role during August 2017.

Apologies were received from David Rogers - Interim Accountable Officer/Medical Director, Peter Scott - Lay Member for Finance & Governance, Caroline Rea – Director of Primary Care and Integrated Care Communities, Eleanor Hodgson – Director of Children’s Integration and Louise Mason Lodge – Deputy Director of Nursing and Quality.

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GB 54/17      **AGENDA ITEM 02: Declarations of Interest**

CP declared a financial interest in Agenda Item 10, Commissioning of a New General Practice Local Enhanced Service (LES), due to him being a GP Partner in Carlisle Healthcare.

It was agreed that CP would remain in the meeting due to the medical information he could input in the absence of David Rogers, Interim Accountable Officer/Medical

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Director. However it was confirmed that he would not participate in the vote.

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GB 55/17

**AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 2 August 2017 & Action Log**

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

Page 4, GB 46/17, Agenda Item 9, West, North and East Cumbria Mental Health Progress Update, first sentence, the word 'distinguished' should be amended to read 'designated'.

Page 5, same agenda item as above, fourth paragraph should be amended to read 'Stephen Eames, newly appointed Chief Executive of Cumbria Partnership Foundation Trust, was also present and that Mental Health was 'one' of his priorities for the first 100 days in his new role with the Trust'.

In response to a question from RG, AB confirmed that the meeting between Evelyn Bitcom (EB) and Andy Airey had taken place on 18 August 2017 and that she had been present. She advised that it had been a very informative meeting and a further meeting with EB was being arranged for December 2017.

It was confirmed that the CCG's website continued to be updated with the information on the co-production work that was being undertaken and information on the development of Integrated Care Communities. Details can be found by following the links below:

<http://www.northcumbriaccg.nhs.uk/ournhs>

<http://www.northcumbriaccg.nhs.uk/icc>

In response to a question from the Chair, CW and AB confirmed that the timeline for Integrated Care & Mental Health had been presented to the Senior Leadership Board at its meeting on the 14 September 2017. However, further information on the trajectory for implementation was required. This work was now being undertaken and would be presented back to the Board in due course.

The action log was reviewed and updated accordingly.

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GB 56/17

**AGENDA ITEM 04: Questions from members of the public present**

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

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GB 57/17

**AGENDA ITEM 05: Chair & Chief Executive Report**

SC presented the report highlighting the following key areas:

- Winter Preparedness 2017/18 – A&E Services
  - Joint Leadership at the Provider Trusts
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- Integrated Health and Care System
  - Closer working across North Cumbria and the North East
  - GP Recruitment
  - North Cumbria CCG's move to Rosehill

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Discussion ensued and it was acknowledged that more integrated working was the key to driving change across the system as a whole and that North Cumbria was working closely with the North East on this. However concerns were expressed around the pressure on A&E and also around the capacity throughout the system through the winter period. It was agreed this would be discussed further under item 16 on the agenda.

SC advised that staff previously based at the Lonsdale Unit, Penrith had now been transferred to Carlisle resulting in the majority of CCG staff being based at Rosehill, Carlisle. However a base had also been retained in the west of the County at Ann Burrows Thomas Centre in Workington. The Chair requested that Jo Percival, Programme Team Support Officer, be commended for the work she did in facilitating the office moves.

**Resolved:** The report be noted.

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GB 58/17

#### **AGENDA ITEM 06: Scheme of Delegation – Joint Committees**

PR presented the report reminding Members that the Governing Body had already agreed to the formation of a Joint Northern CCG Committee and had delegated the sign off of the Terms of Reference (ToRs) to JR and DR. He also re-affirmed that the CCG had previously agreed changes to its Constitution which provided for the CCG to establish joint committee's with other CCG's. However further amendments were required to the CCG's Standing Orders and Scheme of Delegation.

Discussion ensued around the membership and working arrangements of the joint committee. RG sought assurance around the wording in the Terms of Reference (ToRs) on page 3 (item 2). It was confirmed that the ToRs would be amended to read as follows:

‘Voting membership of the joint committee will comprise of the Chair and Accountable Officer from each member CCG or a nominated deputy’.

In addition it was agreed that a report would be presented to the Full Council of Members to keep them informed of joint committee arrangements.

The first meeting of the Committee was scheduled for 5 October 2017.

Proposed by Les Hanley, seconded by Charles Welbourn;

**Resolved:** It was approved that:

1. North Cumbria CCG become a member of the Joint Northern CCG Committee
2. The recommended changes contained within the report be made to the CCG's Constitution, Standing Orders and Scheme of Delegation to formalize the CCG's arrangements within the joint committee subject to the following amendment:

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- a) 9.4 of the Scheme of Delegation, under the heading 'Matters Reserved to the Governing' be amended to read reserved to the Governing Body
  3. The delegation for the sign off of the said committee's ToRs by the CCG's Chair and Interim Accountable Officer be re-affirmed
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GB 59/17

**AGENDA ITEM 07: Policies for Approval**

CW presented the report. He confirmed that the Risk Management Assurance Framework had been scrutinised by the Finance & Performance Committee and the Counter Fraud, Bribery and Corruption Policy and the Business Code of Conduct Policy had been scrutinised at the Audit Committee.

Discussion ensued around how Counter Fraud would be reported into the CCG. It was confirmed that all Counter Fraud Reports were scrutinised by the Audit Committee and that the CCG worked very closely with Audit One (the CCG's internal audit provider) in this area. In response to a question on how these policies would be disseminated to staff it was confirmed that this was done through various methods including staff news, the CCG's website, staff events and team meetings.

Proposed by Ruth Gildert, seconded by Kevin Windebank;

**Resolved:** The following policies be approved:

1. The Risk Management Assurance Framework
  2. Counter Fraud, Bribery and Corruption Policy
  3. Business Code of Conduct Policy
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GB 60/17

**AGENDA ITEM 8: Modern Slavery & Human Trafficking Statement 2017/18**

AB presented the report asking Members to endorse the above statement and support the embedding of it in the CCG's contracting and procurement of services.

Members applauded the policy and sought assurance on how this would be disseminated to all staff. It was agreed that clarification be sought and reported back at the next meeting.

Proposed by Ruth Gilder, seconded by Denise Leslie;

**Resolved:** The Modern Slavery & Human Trafficking Statement 2017/18 be endorsed and the principles contained within it be embedded into the CCG's commissioning and contractual review

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GB 61/17

**AGENDA ITEM 09: Emergency Preparedness Resilience and Response Assurance Self-Assessment Submission 2017/18**

PR presented the report which had been considered in detail by Members at its Governing Body Development Session on 5 September 2017.

In response to a question from DL, PR confirmed that the CCG was covered by NHS England's Incident Response Plan as it was a category 2 responder whereas NHS England was a category 1 responder. However, the CCG was now required to develop its own plan by the end of November 2017.

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**Resolved:** The above submission be noted.

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GB 62/17

**AGENDA ITEM 10: Commissioning of a New General Practice Local Enhanced Services (LES)**

CW presented the report highlighting the key elements of the LES and outlining the pressures currently being felt in General Practice. Discussion ensued and CW outlined the improved governance arrangements within this document which would enable the CCG to improve the way it audits how, who and where services were being provided. It would also support General Practice in putting systems in place to ensure more integrated working for the benefits of patients and would also support the development of Integrated Care Communities (ICCs). CP confirmed that the funding outlined in this agreement would be paid to the ICCs and not to Practices.

AB confirmed that this was the first step to an integrated care system as it would provide base line data that was not currently available and would then be utilised to progress the development of ICCs.

In response to a question from KW, CW confirmed that each ICC would be asked to sign up on a voluntary basis as a mechanism to greater integrated services. He also confirmed that this funding arrangement was not indefinite and would be subject to review once the base line data had been established.

Colin Patterson left the meeting.

Proposed by Kevin Windebank, seconded by Peter Rooney;

**Resolved:** The new Local Enhanced Services (LES) detailed in the report be approved

Colin Patterson returned to the meeting.

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GB 63/17

**AGENDA ITEM 11: Implementation of the Digital Road Map Update**

WL advised that the Digital Road Map required was set out in national standards that the CCG has to deliver to. Overall there were a significant number of areas where the CCG could identify that it met or could meet the standards required.

WL also outlined some of the key areas in which North Cumbria had excelled, one of which was that it was the first place in the Country to do detailed referrals between acute and social care. Subsequently the data set and process involved in achieving this was used to form the national template. He also asked members to note that there were a number of issues/risks associated with the delivery of other standards. Three key areas of which were as follows:

1. Cumbria Partnership Foundation Trust (CPFT) – EMIS Web for Adult Physical Community Services and Rio for Children’s and Mental Health Services – incapability to link together
  2. North Cumbria University Hospitals Trust – lack of Electronic Patient Records is a significant barrier to progress
  3. North West Ambulance Service – engagement around how patients flow
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around the system

Discussion ensued around how the Governing Body could support WL to eliminate some of the barriers to delivery highlighted above. Particular concerns were expressed over the time wasted for both patients and medical staff in having to run through the medical history at various different appointments due to the lack of electronic patient information in some areas within the system. It was agreed that SC would meet WL outside the meeting to discuss how this could best be achieved.

In response to a question from SS it was agreed that a update on the outcomes from the meeting stated above would be included in the December 2017 Chair and Chief Officers report and a further update report be included on the agenda for the February 2018 Governing Body meeting.

Members praised the detail contained within the report and the Chair thanked WL for his presentation.

**Resolved:** The report be noted

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GB 64/17

**AGENDA ITEM 12: Better Care Fund plan 2017/18 – 18/19**

PR presented the report advising that there had been an additional allocation included in the fund to support social care and the NHS. He confirmed that the plan was submitted to NHS England on 11 September 2017 and had been presented to the Health & Wellbeing Board on 26 September 2017 to retrospectively approve the plan as agreed with NHS England. However, although there was a broad agreement on the majority of the above plan, there was not an agreement on the full investment proposals. Therefore the Health & Wellbeing Board were unable to formally approve the plan and deferred the plan to its November 2017 meeting. The CCG, NHS Morecambe Bay CCG, and partner organisations were continuing to work intensively with Cumbria County Council to reach a final agreement at the earliest opportunity. The Chair advised that a matrix around delayed transfer of care needed to be built into the plan.

The Chair thanked PR for the work undertaken on this plan.

**Resolved:** The report be noted

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GB 65/17

**AGENDA ITEM 13: West North and East Cumbria Learning Disabilities Progress Update**

PR presented the report advising that it was predominately about the transforming care process and progress. He stated that Transforming Care was a national programme aimed at enabling people with a learning disability in receipt of long term institutional care to return to more local and appropriate care where ever possible. PR then ran through the key areas contained within the report including the following:

- Page 2 - details of the persons identified as part of the 'original' transforming care cohort of patients from across Cumbria and how it had been re-aligned to depict the position in North Cumbria in light of the boundary change which

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took place in April 2017.

- Care requirements to enable people to return to more local and appropriate care
- Improvements in standards of care
- Funding responsibilities
- Key risks
- Public and Patient Engagement; and
- Potential Financial Impact on the CCG/pooled funding arrangements

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PR also advised that whilst this report was focused on the Transforming Care agenda, the CCG was very mindful that the majority of people with Learning Disabilities would never come across the services that were referred to in this report. So for a 1000 people with Learning Disabilities who do not receive that local care and, have no need to, the physical health outcomes for those people were significantly poorer than they were for the whole patient population. Therefore there was a significant amount of ongoing work being undertaken to improve services to ensure their physical health outcomes were improved.

AB confirmed that there was a lot of work being undertaken in conjunction with CPFT and GP practices.

In response to a question from CP, PR advised that Zelda Peters from Cumbria County Council was leading on this and North of England Commissioning was co-ordinating this service on behalf of the CCG.

Discussion ensued and SS sought answers to the following questions:

- (a) Given the nature of the complexity you describe what kind of advocacy support is being offered to people as a matter of course?
- (b) Local Implementation Group – How often does this meet and what is the date of the next meeting?

It was agreed that the answers to these questions would be sought and reported back at the next meeting.

Further discussion ensued around the significant number of people with Learning Disabilities which were going un-diagnosed due to lack of resources in the system and a lack of information on how they can seek help. It was agreed that a wider report around Learning Disabilities would be brought back to a future meeting of the Governing Body.

**Resolved:** The report be noted.

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GB 66/17

#### **AGENDA ITEM 14: Assurance Framework**

CW presented the report advising that there had been a significant amount of work undertaken to review the framework. However it was acknowledged that further work was required to ensure that the risks identified were cross referenced with the key institutional targets. It was agreed that SC, CW and the General Manager, Jen Lawson would pick this up outside of the meeting.

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**Resolved:** The update and additional work being undertaken be noted.

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GB 67/17

**AGENDA ITEM 15: Healthcare for the Future Update Report on Recommendations from the 8 March 2017**

SC advised that a decision was expected on the referral made to the Secretary of State from the Cumbria Health & Scrutiny Committee on the options around Maternity Services at Whitehaven Hospital. Once this decision was received it would be circulated to all Members.

SC presented the report highlighting the key areas of work which had been undertaken. In particular:

- The Working Together Group has made significant progress with the co-production work, which includes smaller working groups being established to look for practical steps that can support the sustainability of Option 1 for Maternity Services
- The Independent Review Group has been established and met for the first time on 2 October 2017. This Group will be chaired by Dr Bill Kirkup and will include independent experts including an obstetrician, paediatrician, anaesthetist, neo natal nurse and a midwife. It will also apply an independent critical professional review, agree the success criteria for each milestone and how they will be measured in relation to the recommendations relating to maternity services.
- The Implementation Reference Group, chaired by Kevin Windebank has been established to apply critical review of the implementation proposals relating to the service areas included within the Healthcare for the Future consultation and to make recommendations to the Governing Body. This group will meet for the first time in November 2017.

It was noted that both the Independent Review Group and the Implementation Reference Group would review these ToRs at their first meeting.

Discussion ensued around the membership of the Implementation Reference Group. It was agreed that PR would discuss with SS outside the meeting. Discussion also ensued around the standing of this group, i.e. whether or not this would be a working group or a formal committee of the Governing Body. However, it was agreed that it would be a committee of the Governing Body for the duration of the process.

Proposed by Ruth Gildert, seconded by Les Hanley;

**Resolved:**

1. The Implementation Reference Group be approved as a Committee of the Governing Body
  2. The ToRs for the said group be approved
  3. The work and progress undertaken to date be noted
  4. The ToRs and Success Criteria for the Working Together Steering Group be noted
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5. The ToRs for the Independent Review Group be noted

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GB 68/17

**AGENDA ITEM 16: Winter Planning**

PR presented the report advising that all health systems were required to submit winter plans to NHS England/NHS Improvement for 2017-18. He then outlined the relevant groups and process in the implementation/monitoring of this plan. He also provided an overview of the Implications/Actions for Public and Patient Engagement and the Financial Impact on the CCG as detailed on page 2 of the report.

The following concerns raised by Members:

1. The risk around the state of the clinical workforce in North Cumbria
2. How variable winters can be – i.e. southern hemisphere has had a significant epidemic of flu – this could impact here
3. Ability of our systems to allow patients to leave hospital in a timely manner and how their care will be managed once they have been discharged

Discussion ensued and PR outlined the daily telephone calls which were in place at all strategic levels to deal with any issues across the system. He then ran through the plan attached to the report to emphasise how any risks would be address and where possible mitigated through the escalation process. He also reiterated that NHS England and NHS Improvement were also represented on the calls. It was agreed that a monthly report would be presented to the Finance and Performance Committee which would provide assurance to the Governing Body that the plan was being implemented effectively and the concerns raised above were being monitored and addressed with the system as a whole.

**Resolved:**

1. The contents of the Winter Plan 2017/18 be noted
2. A monthly update report to be presented to the Finance & Performance Committee

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GB 69/17

**AGENDA ITEM 17: Quality Report**

AB presented the report reminding Members that this document was scrutinised at the Outcomes & Quality Assurance Committee and highlighted the key issues contained on page 2.

LH, Chair of the said committee advised it was in the process of reviewing its remit/membership and how this report should be formed in the future, especially in relation to outcomes were incidents had occurred.

**Resolved:** The report be noted

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GB 70/17

**AGENDA ITEM 18: Performance Report**

PR presented the report outlining the key issues detailed in the report and advising that this report had been considered in detail at the Finance & Performance Committee.

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**Resolved:** The report be noted

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GB 71/17

**AGENDA ITEM 19: Finance Report**

CW presented the report reminding members that the report had been scrutinised by the Finance & Performance Committee. He advised that the CCG's financial position shows that at August 2017 the CCG was marginally ahead of plan on the year to date position, but stated that this reflects the phasing of the cost improvement programme. It was noted that further action was being taken to quantify and manage financial risk across North Cumbria at both organisational and system level.

CW confirmed that the most pressing risk was the implementation of the success regime actions that were planned to deliver an overall £7 million cost reduction to the system. A number of schemes have been identified across the system to contribute to this and work continues to identify further opportunities to bridge the gap.

**Resolved:** The report be noted.

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GB 72/17

**AGENDA ITEM 20: Minutes of:**

Audit Committee

- 25 May 2017

Executive Committee:

- 20 July 2017
- 17 August 2017

Finance & Performance Committee:

- 19 July 2017
- 16 August 2017

Primary Care Committee:

- 13 July 2017

Outcomes & Quality Assurance Committee:

- 16 June 2017

System Leadership Board Meeting:

- 13 July 2017

**Resolved:** The minutes be received for information.

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GB 73/17

**Agenda Item 21: Any other urgent items of business**

There were no urgent items of business.

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GB 74/17

**Agenda Item 22: Questions from members of the public present**

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

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GB 75/17

**Agenda Item 23: Date and time of next meeting approved:**

The next meeting will be held at 13:00 on Wednesday 6 December 2017, Energus, Blackwood Road, Lillyhall, Workington. CA14 4JW

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The meeting closed at 17:05

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

### Neil Hughes

*Neil Hughes congratulated Denise Leslie as Lay Member for Public Engagement.*

*Question:*

*Could the Governing Body please give some specific examples of successful of voluntary sector involvement with Cumbria Integrated Care Communities (ICCs)?*

Ruth Gildert confirmed that in the maternity work that is being undertaken there has been a lot of input from the Local Voices groups. They are really engaged and have really informed some of the changes that were being made, and in particular they are having a lot of maternity hubs.

The Chair sought clarification from NH on the types of groups he was referring to i.e. smaller engagement groups/members of the public or third sector organisations?

*NH advised that he was talking about volunteers or voluntary sector groups that are not necessarily involved in the NHS but to whom a pledge was made by the CCG as part of the decision making process that they would be at the heart of the emerging ICCs.*

SC confirmed that the CCG has been working particularly closely with Cumbria County Council. Brenda Smith is the Senior Responsible Officer for the development of ICCs and one of the biggest advantages of that was drawing upon the significant network that the Council has with the third sector. In addition the Council's model for engagement with the community to enable the co-production spirit around the ICCs. SC advised that he would liaise with Brenda Smith to establish how the third sector are linking in with the development of the ICCs and report back accordingly.

### Evelyn Bitcom

*I have noticed that the majority of coversheets to reports under Impact Assessment (including Health, Equality, Diversity and Human Rights) mainly say 'none or not applicable' - Why is this please when our Public Services showing they need continuous improvements (NHSE) and if ever going to work towards effective sustainability, Parity of Esteem, Equality, Person Centred Care and to "commission a range of health services appropriate to Cumbria's needs" when during the consultation World Class Rural Services were on the wish list?*

Where required the Impact Assessments are always undertaken, for example, the policies for approval at the meeting today. However with some reports the Impact Assessment will have been undertaken separately and include in previous reports/documents. For example Agenda Item 15 - Healthcare for the Future Update Report – the impact assessments were carried out and included in the reports that were used to inform the Governing Body for the decision making meeting on 8 March 2017.

*Agenda item 9 - Self Assessment re Robust Governance & Management arrangements etc... etc - Where in this work is the "Learning" from our "Never Events"- high needs, elderly, vulnerable communities & Suicides?*

For these self-assessments the CCG receives a pro-forma from NHS England which they have to complete – the above did not form part of the self-assessment.

*Agenda item 11 - Does the "high needs" and Cumbria Joint Strategic Needs Assessment (JSNA) fit within the ongoing work around improvements to services & delivery within The Digital Road Map?*

William Lumb confirmed that he had engaged with a broad range of partners in preparing the Digital Road Map, and that the work had been informed by the collective knowledge of local needs including from the Joint Strategic Needs Assessment.

## **Appendix 2**

### **Questions & Answers from Members of the Public - Agenda Item 17**

**Liz Clegg**

Agenda Item 10:

*How are arrangements for small interactions e.g. blood tests as described for local GPs and local hospitals going to be managed including tertiary centres?*

Colin Patterson explained that because of the geographical nature of Cumbria and the distance to tertiary centres that it is custom and practice is for GPs to provide this service to ensure patient care wasn't compromised.

There is no formal arrangement. The numbers for this are very small.

There are some tests that because of their nature will need to be carried out by tertiary centre.

#### **Asked on behalf of Viv Stuck**

Agenda Item 14: Assurance Framework Update

*On the first page of the report under key risk it refers to quality assurance visits as part of a way of managing risks and Viv would like to know sort of visits have been carried out in the last 12 months?*

The Chair advised the answer to this question would be sought and forward to Viv Stuck.

Agenda Item 17: SIRMS Report

*Can you tell us what actions this information has led to being undertaken?*

The Chair advised the answer to this question would be sought and forward to Viv Stuck.