

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 3 June 2015, 13:00 – 17:00
The Forum 28, Duke Street,
Barrow-in-Furness

Present:	Geoff Jolliffe Ruth Gildert Les Hanley Rachel Preston Hugh Reeve David Rogers Jon Rush Peter Scott Charles Welbourn	Interim Clinical Chair (Chair) (GJ) Nurse Member (RG) Lay Member (Health Improvement) (LH) Locality Lead GP for the North of the County (RP) Interim Chief Clinical Officer (HR) Medical Director (DR) Lay Member (Patient Engagement) (JR) Lay Member (Finance and Governance) (PS) Chief Finance Officer (CW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Kieron Bradshaw Eleanor Hodgson Peter Rooney Claire Sewell Stephen Singleton David Stout	Interim Communications Assistant (KB) Director for Children and families (EH) Interim Chief Operating Officer (PR) Furness Locality Administrator (CS) Clinical Director of Innovation (SSi) Transformation Director (DS)
For Item 6 only:	Neela Shabde	Clinical Director for Children's Commissioning (NS)

GB 41/15 Agenda Item 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Anthony Woodyer, Consultant Member; and from the Local Medical Committee which was unable to send an observer.

GB 42/15 Agenda Item 02: Declarations of Interest

There were no declarations of interest.

GB 43/15 Agenda Item 03: Minutes of the Governing Body Meeting held on 1 April 2015

In response to a question from JR, PR confirmed that a meeting would be taking place within the CCG on Tuesday 9 June 2015 to discuss processes for engaging with members of the public.

EH confirmed that the concerns which the Governing Body had raised at its 1 April 2015 meeting regarding the fact that many of the recommendations contained in the Report

of the Morecambe Bay Investigation did not have clear timescales for the wider NHS regulators and other agencies, had been fed back to NHS England via the Kirkup Committee meeting.

In response to a question from JR PR advised that it was anticipated that the final draft of the Mental Health strategy would be presented to the Governing Body in October 2015.

RG raised concerns that no updates were given on the actions arising from Governing Body meetings. It was agreed that an action log would be created and be attached to the back of the minutes of future meetings.

Resolved: The minutes of the meeting be approved as a true record subject to the following amendments:

GB 34/15, Agenda Item 16, Page 6, should be amended to include the following:

‘SS raised concern about wrong site surgery being incorrectly listed in the Quality Report and advised that a list of questions would be circulated to the Governing Body Members following the meeting.’

Appendix 1, page 8, answer to question from Sue Gallagher should read that EH, rather than DR, advised that there was a full range of training being undertaken to change the culture.

GB 44/15 Agenda Item 04: Questions from members of the public present

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

GB 45/15 Agenda Item 05: Interim Chair & Interim Chief Clinical Officers Report

HR presented the report and provided a concise overview.

Following a question from JR, discussion took place regarding the communication of both the Better Care Together (BCT) and the Together for a Healthier Future (TfHF) strategies. HR advised that a large amount of work had been undertaken in the North of the County to make positive changes and to reduce the cost of health and care services. However the communication of this work had been difficult because, as yet, there was not a complete overarching clinical strategy to share with the local population. It was noted that work also needed to be undertaken to improve engagement with members of the public in the North of the County.

Discussion ensued following a question from PS regarding how and where performance management would fit into the TfHF strategy. PR advised that this was being worked through at present.

LH advised that the last meeting of the NuGeneration Company (NuGen) concerns had been expressed at the lack of involvement from the Cumbrian health and care organisations in the development of schemes with Britain’s Energy Coast Business Cluster.

Resolved: The report be noted.

GB 46/15 **Agenda Item 07: Maternity Review Update**

Agenda Item 6 was deferred as NS would be late due to a clash of meetings.

EH presented the update report. DR confirmed that the 12 month timescale specified was for the team to determine which of the options contained in the Royal College of Obstetricians and Gynecologists' report were viable and was not the timescale for the delivery of a completed action plan.

Discussion took place regarding the processes for completing work on the plans. It was advised that the plans were separate workstreams within the main development programmes in both the North and South of the County (TfHF and BCT). JR stated that it was important to ensure that these plans did not get lost amongst the work being carried out in the major strategic programmes.

Resolved: The report be noted.

GB 47/15 **Agenda Item 06: Safeguarding Children Annual Report**

NS presented the report advising that 97% of the CCG staff had completed their safeguarding training. NS praised Louise Mason-Lodge, the CCG's Designated Nurse for Safeguarding, who had worked hard to deliver the training.

NS expressed concern that the Designated Paediatrician for Child Deaths in the North Cumbria University Hospitals NHS Trust (NCUHT) was leaving and advised that she was pressing to obtain information on what measures were being put in place to ensure a replacement for this post.

Discussion took place regarding the need to work with local authority colleagues to ensure GP's are routinely included in multi-agency meetings for vulnerable children. In response to a question NS confirmed that work was already being carried out with CLIC to facilitate future meetings which would include ensuring that GP's could attend the meetings. RP advised that there was a need for clear communication about why GP's needed to be at the meeting and what their contribution would be. RP also raised a concern that the meetings generally took place on a Monday morning which made it difficult for GP's to attend as this was one of the busiest times of the week for them.

JR raised concern around the planned improvements for looked after children. NS acknowledged that further improvement was needed and progress was being closely monitored. EH would be presenting the Annual report for Children Looked After at the next meeting which would provide more details on this.

Concerns were also expressed regarding the national requirement for future Looked After Children reports to incorporate all NHS organisations in Cumbria, as opposed to the current approach of having each individual Trust in Cumbria produce a separate report. NS confirmed that there was a lot of work currently being undertaken to ensure the correct leadership was in place through the Cumbria Local Safeguarding Children's Board (LSCB) to enable all concerned to meet this requirement.

Discussion took place around the outcome of the inspection of Cumbria County Council's services for children in need of help and protection, Children Looked After and care leavers, which had taken place in March 2015. In particular EH advised that the inspectors had recognised that significant progress had been made to improve safeguarding and child protection services in Cumbria and that these services, whilst not yet good, were no longer classed as inadequate. It was noted that this was a strong indication that the partnership organisations working in Cumbria were 'on the right track'. However, the report concluded that overall services in Cumbria remained inadequate. It was agreed there should be ongoing discussions with the Cumbria County Council's Director of Children's Services to ensure the partnership working arrangements continue to strengthen.

The CCG's Children and Families Team were thanked for all their hard work in this area.

Proposed by Jon Rush, seconded by Les Hanley;

Resolved:

1. The Safeguarding Children Annual Report be received
2. The priorities for 2015/2016 be endorsed

GB 48/15 Agenda Item 08: Financial Plan 2015/16

CW presented the report and provided an overview which included the CCG budget for 2015/16. CW advised that the information had been presented and discussed in detail at the CCG's Finance and Performance Committee in May 2015 and that the Committee had recommended the Plan be presented to the Governing Body for approval.

Discussion took place following a question raised by PS regarding potential financial risks to the Better Care Fund caused by the expected activity levels in providers. CW advised that sufficient warning systems were in place for this including a significant performance dashboard, along with GP performance benchmarking, work being carried out with the localities and an adapted Reporting Analysis & Intelligence Delivering Results (RAIDR) system based on methodology used in the North East of the Country. It was noted that information arising from these data sources would be reported through the CCG's Finance and Performance Committee meeting.

Proposed by Les Hanley, seconded by PS.

Resolved: The Financial Plan be approved.

GB 49/15 Agenda Item 09: CCG Stakeholder Survey

PR presented the report.

General discussion took place around the low response rates to the survey. However it was noted that the survey only reflected stakeholders' perceptions of the CCG and how they felt about the organisation. SSi expressed concern that there was not a stakeholder survey that reflected on the health care system as a whole in Cumbria as this would help to improve engagement with members of the public. This was echoed by the Chair and LH who had both been to various meetings where members of the public did not

understand how the health and care system was structured or worked.

HR advised that the information in the report had been set out in a way to reflect how people experienced services in Cumbria and was in line with the CCG's strategic priorities.

Resolved:

1. The report and the approach taken to address the issues raised be noted
2. The report be presented to the Locality Executives for consideration

GB 50/15 Agenda Item 10: Annual Report & Annual Accounts

CW presented the report and advised that its contents had been considered by the CCG's Audit Committee and approved at a Part 2 Governing Body meeting prior to submission on 29 May 2015.

In response to a question from SS, Members were advised that actions were being put in place to mitigate many of the risks identified in the Assurance Framework in 2014/15.

Resolved: The report be noted.

GB 51/15 Agenda Item 11: Register of Interests

CW presented the report.

The Chair acknowledged how difficult it was to get people to complete and return the forms and the CCG's administration team was thanked for their hard work in the compilation of the register.

Resolved:

1. The process undertaken to compile the content of the Register of Interests for 2014/15 as detailed in the attached Audit Committee Report be noted.
2. The content of the Register of Interests be noted.

GB 52/15 Agenda Item 12: Cumbria Learning and Improvement Collaborative (CLIC) Annual Report

SSi presented the report.

In response to a question from JR, SSi confirmed that the additional £597,000 of funding awarded to the CLIC programme was non-recurring and was only available during the current financial year. However CLIC would continue to look for other streams of funding which they could apply for to support the programme.

It was also advised that if CLIC was not successful in receiving additional funding next year, courses could still be offered. However there would need to be the introduction of a small charge which would be significantly lower than competitors' fees. Discussion ensued regarding the introduction of charges for attending training.

General discussion took place around the importance of effecting culture change in organisations. This would require effective leadership to ensure that staff were engaged in the processes and training on offer and to ensure that the decisions could be made at

the right level.

Resolved: The report be received and the approach undertaken by CLIC be supported.

GB 53/15 Agenda Item 13: Quality Report

The report was presented by DR. JR raised concerns on the following areas:

- Discharge letters
- Accuracy of data detailed in the report
- Pressure ulcers

It was agreed that JR would meet with DR outside of the meeting to discuss these in more detail.

It was agreed that LH would have a conversation with DR outside of the meeting to address concerns regarding the exchange of information when compiling reports.

Resolved: The report be noted.

GB 54/15 Agenda Item 14: Performance Report

PR presented the report and advised that he would be brief as the report had already been considered in detail at the CCG's Finance and Performance Committee meeting.

Discussion ensued around the complexity of the challenges faced in improving performance in the Cumbrian Health Economy. HR advised that the indicators in the report covered broad areas, and so were general, but there was a lot of work underpinning the improvements being made. PR stated that it was difficult to communicate all the work being done to address the challenges highlighted in the report.

JR noted the improvements since the last report and a discussion took place regarding the timescales for improvements. RG advised that improvements would take time to make as issues such as recruitment and culture were tackled and praised the improvements that had been achieved.

Resolved: The report be noted.

GB 55/15 Agenda Item 15: Minutes of:

Audit Committee

- 16 December 2014
- 17 February 2015
- 29 April 2015

Clinical Leads Group

- 15 January 2015
 - 19 February 2015
 - 19 March 2015
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- 16 April 2015

Finance & Performance Committee

- 25 February 2015
- 22 April 2015

Locality Executives:

Allerdale:

- 26 March 2015
- 23 April 2015

Carlisle:

- 25 February 2015
- 25 March 2015
- 22 April 2015

Copeland:

- 26 February 2015
- 26 March 2015

Eden:

- 26 February 2015

South Lakes

- 8 January 2015
- 4 March 2015

CW advised that the minutes of the Audit Committee meeting of 29 April 2015 were in fact approved and not draft as indicated by the watermark on the minutes.

In response to a question from JR, PR advised that whilst the CCG had decided not to renew the Citizen Advice Bureau Service contract (as detailed in the Clinical Leads minutes of 19 March 2015) there had still been a positive outcome. The service would still continue as it had secured funding from another organisation.

Discussion took place regarding Brunswick House Surgery withdrawing as hosts of the Care Home Scheme (as detailed in the minutes of the Carlisle Locality Executive meeting of 22 April 2015). HR advised that the service was not being withdrawn and would only be removed from the current contract if an alternative provider could be sourced. Concerns were expressed that the service had only lasted five months although it was acknowledged that to trial the project was a positive approach even if it had not worked out as planned. RP stated that it was important that lessons were learned from this and shared across the CCG.

Resolved: The minutes be received for information.

GB 56/15 **Agenda Item 16: Any other urgent items of business**

HR advised that Simon Stevens, Chief Executive of NHS England, had announced that North Cumbria would be part of the Success Regime. The implications of this announcement were yet to be detailed in full and further updates would be presented to Members as soon as they were available.

GB 57/15 **Agenda Item 17: Questions from members of the public present**

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

GB 58/15 **Agenda Item 18: Date and time of next meeting approved:**

The next meeting will take place Wednesday 5 August 2015 at Energus, Blackwood Road, Lillyhall, Workington, Cumbria CA14 4JW commencing at 13:00.

The meeting closed at 16:15

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

Jim Bradley

How will NHS support for mental health at a local level fit in with the Better Care Together model?

Hugh Reeve advised that mental health services were now a clear part of the Better Care Together (BCT) programme, stating that when the BCT programme commenced there were only a few mental health services included and which were provided in acute hospitals. However, as the programme has developed, mental health and social care services had been included and it was anticipated these would be provided as part of the community based services by Cumbria Partnership NHS Foundation Trust, Social Care Services and third sector organisations. Subsequently, as the programme achieved Vanguard status, it has been identified that specialist mental health services still needed to be clearly defined within the programme.

Jim Bradley expressed his view that it was important to ensure that mental health services continued to be developed within the Vanguard programme.

Evelyn Bitcon

1) Item 9 - CCG Stakeholder 2015 Survey.

Referring to the six Assurance Domains, and in particular one, two and five, please would it be possible to fund and publicise a County wide joint event with the CCG and existing stakeholders, to include invites to third sector organisations, the public and others? This would promote the "Stakeholder opportunities" and the wish/hope for engagement and improving co-production working, as "silo working – us and them" is still quite prevalent "on the shop floor" in Cumbria around Health, Social Care and Well-being. (Please note: I am sure the CVS could help to promote and organise this as they have a very large database of several hundred charities in Cumbria).

HR advised that the results of the Stakeholder Survey were discussed at a recent CCG Clinical Leads meeting. The result of that discussion was that a small group be established to look at how the CCG could address the outcomes of the Survey. It was advised that Evelyn's question and suggestion would be taken on by that group for consideration.

PR added that the CCG had previously had meetings with the stakeholders in the North and South of Cumbria which had included the Cumbria CVS. The group that HR had referred to would be aware this and would be factored in when considering Evelyn's suggestion.

2) Item 12 - Cumbria Learning & Improvement Collaborative. (CLIC)

"Mitigating the risks"

I understand that this learning opportunity is also open to the third sector organisations who can attend for free. I personally have recently attended three excellent training sessions, as I did not know of its existence until earlier this year via an article in the Cumbria CVS Newsletter. I believe others maybe don't know who could also benefit from these sessions. Please may I ask that this "Free Training" be widely promoted to the "Health, Social Care & Well Being" third sector

organisations across Cumbria? Some organisations are in need of support and want to be the best they can be, but are struggling with time, manpower and limited resources, etc.

SSi advised that it is very important that CLIC is accessible to the third sector organisations and that the question was a good reminder that communications can always be improved. CLIC promotes its courses/training through Cumbria CVS and the youth forums to ensure that as many small groups as possible were aware of the free training available to them. He also advised that CLIC had its own website and was accessible to all and easy to use. This contained all the courses/training details and, once people had registered, it provided personalised updates each month and every group in the health and social care system was encouraged to register via www.thecllic.org.uk.

Jim Bradley

Following on from the announcement that “North Cumbria” would be part of the Success Regime, does “North Cumbria” include the acute Trust and CPFT?

HR advised that “North Cumbria” referred to the health and care system in North Cumbria as a whole. It was explained that formally this included the statutory health organisations in the North Cumbria health system. However, other parts of health system that exist could not be ignored and so were also included. It was advised that although the trip-artly organisation made up of NHS England, Trust Development Agency and Monitor didn’t have formal responsibility for social care (formerly, the lines of responsibility for this went off through the local authorities), it was understood that social care had to be considered as part of the system. It was advised that any improvements and changes that occur in healthcare would have an impact on social care, and for this reason social care couldn’t be ignored. As well as this, North Cumbria included other elements of the health and care system, such as care home provision, which again were not formally part of the system but could not be ignored.