

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING**

Wednesday 5 August 2015, 13:00
Energus, Blackwood Road, Lillyhall,
Workington, Cumbria. CA14 4JW

Present:	Geoff Jolliffe Ruth Gildert Les Hanley Hugh Reeve David Rogers Peter Scott Anthony Woodyer	Interim Clinical Chair (Chair) (GJ) Nurse Member (RG) Lay Member (Health Improvement) (LH) Interim Chief Clinical Officer (HR) Medical Director (DR) Lay Member (Finance and Governance) (PS) Consultant Member (AW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Peter Rooney Caterina Wetzal	Interim Chief Operating Officer (PR) Senior Management Assistant (CW)
For Item 7 only:	Ray Beal Pratt	Allerdale & Copeland Business Performance & Finance Lead
For Item 8 only:	Louise Mason Lodge	Designated Nurse for Safeguarding
For Item 13 only:	Andrea Davis	Head of Financial Management

GB 59/15 Agenda Item 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Nigel Maguire, Chief Officer, Rachel Preston, GP Lead Representing the North of the County, Charles Welbourn, Chief Finance Officer and from the Local Medical Committee which was unable to send an observer.

GB 60/15 Agenda Item 02: Declarations of Interest

Geoff Jolliffe declared a non-pecuniary interest in agenda item 6, Barrow Primary Care Scheme.

GB 61/15 Agenda Item 03: Minutes of the Governing Body Meeting held on 3 June & Action Log

Resolved:

1. The minutes of the meeting be approved as a true record subject to the following amendment:
 - GB 52/15, Agenda Item 12, Page 5, be amended to read:
 - 'It was also advised that if CLIC was not *successful in receiving additional funding* next year, courses could still be offered.'
2. The contents of the action log be noted.

GB 62/15 **Agenda Item 04: Questions from members of the public present**

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

GB 63/15 **Agenda Item 05: Interim Chair & Interim Chief Clinical Officer's Report**

HR presented the report highlighting the following key issues:

National Maternity Review

As part of the Chair of the National Maternity Review, Baroness Julia Cumberlege would be touring the County to see the issues faced in Cumbria first hand.

RG welcomed the appointment of Sheena Byrom (SB) advising that she was renowned for her work in developing Midwifery Led Units with an international profile which included having worked in Australia and New Zealand.

SS advised it was imperative that the public were engaged as part of the process for any changes to maternity services and that Healthwatch was happy to support this work.

Mental Health Update

The CCG was in the process of appointing a Deputy Director for Mental Health to support this key area of work.

HR also advised that all partners involved in the development of this strategy acknowledged that there had been some initial issues and misunderstanding which had caused delays. However these had been ironed out now.

SS advised that concerns had been raised around the delays in the development of this strategy and questioned whether it was being given the parity of importance. However it was acknowledged that there was an understanding of the significant pressures currently facing the Cumbria health economy.

Better Care Together & the Morecambe Bay Vanguard Scheme

The programme was progressing well.

Success Regime

RG advised that this programme had been announced over two months ago as being urgent but as yet there no one had been appointed as Programme Director. Given previous promises made regarding driving change in the health care systems in the west and north of the County this could prove counter-productive in terms of public relations. She also advised that whilst the above issues had been highlighted it should be acknowledged that the approach taken the CCG and its partners had been inspiring and things have been progressing well.

NHS 111

In response to a question from SS, PR confirmed that the service provider was committed to providing high quality training to those providing the service.

Resolved: The report be noted.

GB 64/15 **Agenda Item 06: Barrow Primary Care Scheme**

PS, Vice-Chair of the Governing Body took the Chair due to GJ's declaration of interest in this item.

PR presented the report. With a view to avoiding delay between the finalising of the Outline Business Case (OBS) and the date of the next Governing Body meeting, delegated authority was sought for the Finance & Performance Committee to consider and approve the OBS at its meeting on 26 August 2015.

Proposed by Les Hanley, seconded by Ruth Gildert;

Resolved: Authority be delegated to the Finance & Performance Committee to approve the Outline Business Case for the Barrow Scheme.

Agenda Items 7 and 8 be deferred pending the arrival of the officers presenting the reports.

GB 65/15 **Agenda Item 09: NHS Cumbria CCG's Response to Healthwatch Cumbria – Review of Cancer Services in Cumbria**

HR advised that the above report, and the CCG's response, to it illustrated that the Audit on cancer services provided data on whether or not targets were being achieved. However what it did not demonstrate was what it felt like as an individual going through treatment and how they were affected by the timescales involved. These two pieces of information together demonstrated that further improvements needed to be made into the delivery of cancer services and the CCG would be working very closely with the Trusts as part of its performance monitoring system to deliver improvements.

SS advised that it was important to listen to patients and not just in terms of the clinical experience but about the overall experience of the way the patient felt throughout their treatment. SS thanked the CCG for publishing its response to Healthwatch Cumbria's review and advised that the recommendations contained in the response had been undertaken.

Resolved: The report be noted.

GB 66/15 **Agenda Item 07: Commissioning Arrangements for General Practitioners with Special Interests (GPwSI) August 2015 and Proposals for GPwSI services in South Lakes and Allerdale**

DR advised that the current services being provided by GPwSI had been commissioned by the CCG's predecessor organisation NHS Cumbria Primary Care Trust, and to date the CCG had not developed a strategy as to the continued commissioning of these services.

DR highlighted the key issues and advised that there was now a need to align the provision of these services with the two strategic programmes in the north and the south of the County. Members were therefore being asked to consider a policy statement which would apply to current and future GPwSIs. However, in the meantime,

there had been requests to provide new GPwSI services in South Lakes and Allerdale and members were also being asked to consider these today.

Proposed by Anthony Woodyer, seconded by Les Hanley;

Resolved: The policy on GPwSI services as detailed in the report be approved.

RBP presented the South Lakes and Allerdale GPwSI proposals.

In response to a question on conflicts of interest it was confirmed that other practices had been given the opportunity to tender for the provision of these services. The applications had been through due process and they were all subject to an accreditation process. Hence it was advised that there were no conflicts of interest.

General discussion ensued and the following answers to questions were given:

- DR confirmed that the number of referrals would be monitored very closely
- There were safeguards contained in the contract that would limit the increase of costs for provision of these services
- Performance monitoring would form part of the contract which would be reviewed annually. Each provider would also have to provide to the CCG with an annual audit statement confirming that they are up to date with their training.

Proposed by Les Hanley, seconded by Ruth Gildert;

Resolved:

1. The South Lakes ENT service be approved subject to the conditions specified in resolution 3 below
2. The Allerdale ENT and Ophthalmology services be approved subject to the conditions specified in resolution 3 below
3. The above will be rolling contracts for a period of one year. They will then be reviewed in the light of any recommended changes to the relevant pathways. The CCG's Medical Director to ensure that all satisfactory assurance of accreditation have been met before any contract can be granted.

GB 67/15 Agenda Item 08: Annual Report for Children Looked After 2014/15

LML presented the report highlighting the improvements and ongoing challenges which were detailed in the report. Members were asked to note the comprehensive recommendations and the action plan for 2015/16 which was also detailed in the report.

HR reported that the CCG's Childrens Team and Cumbria County Council (CCC) had already done a huge amount of work and that Offstead had acknowledged the improvements which had already been made. In addition he advised that the Chief Executive of CCC had recognised the CCG's Childrens Team's support in achieving these improvements.

RG confirmed that the Outcomes and Quality Assurance Committee received detailed presentations on the work being undertaken to deliver against the action plan.

LML advised that CCC had showed sustained improvement against its 100 day plan and

one of the changes being made was that the Safeguarding Improvement Board was being renamed to the Children's Improvement Board and the CCG was part of the membership of that Board.

It was agreed an update on the Forward Plan 2015/16 contained in the report be brought back to the Governing Body in six months time.

Resolved: The report be received and the contents of forward plan for 2015/16 be noted.

GB 68/15 Agenda Item 10: NHS Cumbria CCG Operating Plan

PR presented the report advising that the plan had been presented to the Finance & Performance on 14 May 2015 and was now being brought before the Governing Body for ratification. PR advised that there had been a number of changes to the plan since it had been considered at the Finance & Performance Committee and it remained a work in progress.

Proposed by Peter Scott, seconded by David Rogers;

Resolved: The approval of the NHS Cumbria CCG Operating Plan by the Finance & Performance Committee be ratified.

GB 69/15 Agenda Item 11: Quality Report

DR presented the report.

HR confirmed that this was the start of a journey to encourage GP's to encourage quality improvements. When introducing culture change in this way it was inevitable that there would be an increase in the numbers of incidents initially being reported. However once improvements had been made in response to those incidents numbers usually started to decline.

SS advised that there appeared to be a re-occurring theme which indicated challenges around discharges and this was something that Healthwatch Cumbria would look into in more detail.

Resolved: The report be noted.

GB 70/15 Agenda Item 12: Performance Report

PR presented the report advising that it had been considered in detail by the Finance & Performance Committee at its July 2015 meeting. He stated that the report set out the position for the whole of the CCG and, where possible, individual Trusts and demonstrated that there are still a large number of the NHS Constitutional Standards not being met. Further work was being undertaken, especially in the north of the County to improve this position and it was acknowledged that there had been a number of positive improvements being made especially in the south of the County.

Resolved: The report be noted.

GB 71/15 **Agenda Item 13: Finance Report**

AD presented the report highlighting the summary position and key issues contained therein.

HR advised Members that it was important, through this report, that the Governing Body received formal notification that the University of Morecambe Bay Hospitals Trust (UMBHT) Tarrif Modification application had been approved. The CCG was therefore currently trying to establish, through dialogue with UMBHT, Monitor and NHS England the exact financial implications of this and Members would be updated through both the Finance & Performance Committee and Governing Body meetings.

PR confirmed that the CCG was working through a financial plan which would achieve efficiency savings and help mitigate the risk to the CCG not achieving its planned financial surplus of £5 million.

Resolved: The report be noted.

GB 72/15 **Agenda Item 14: Minutes of:**

Audit Committee

- 21 May 2015

Clinical Leads Group

- 21 May 2015
- 18 June 2015

Finance & Performance Committee

- 20 May 2015
- 24 June 2015

Locality Executives:

Allerdale:

- 11 June 2015

Carlisle:

- 27 May 2015
- 24 June 2015

Copeland:

- 23 April 2015
- 28 May 2015
- 25 June 2015

Eden:

- 26 March 2015
- 23 April 2015

Furness & South Lakes

The Chair advised that these Localities had changed their schedule of meetings, hence why there were no approved minutes for these areas.

Resolved: The minutes be received for information.

GB 73/15 **Agenda Item 15: Any other urgent items of business**

There were no urgent items of business.

GB 74/15 **Agenda Item 16: Questions from members of the public present**

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

GB 75/15 **Agenda Item 17: Date and time of next meeting approved:**

The next meeting will take place Wednesday 7 October 2015 at Stoneybeck Inn, Penrith commencing at 13:00 and will be followed at 17:00 by NHS Cumbria CCG's Annual General Meeting.

The meeting closed at 16:15

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

Bernard Courtney (BC) – Ley Representative for Copeland Locality

1. Could the CCG provide a quarterly report on West Cumbria Hospital to Copeland CCG?

HR advised that Copeland was one of the localities with NHS Cumbria CCG and not a separate CCG. Therefore he should liaise with the Locality Executive Lead to request a report on West Cumbria Hospital be brought to the Copeland Locality Executive on a quarterly basis.

It was agreed that BC's remaining two questions will be taken later in the meeting.

Sue Gallagher (SG) – Ley Representative for Allerdale CCG

Are you able to update us on the progress with the Success Regime? Do we have a lead?

PR advised that NHS England was currently in the process of appointing a Programme Director and as yet no formal confirmation of whom that would be had been given. However work was progressing with the programme and it was anticipated that notification of both the Programme Director and the date for the launch of the Success Regime would be forthcoming soon.

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

Agenda Item 5: Interim Chair & Interim Chief Officers Report – Success Regime

Evelyn Bitcom (EB)

The problems in the North are long standing and deep rooted and one of the failings has been the lack of engagement with the public and third sector and independent organisations. Can you confirm that the CCG would endorse the engagement of these organisations as part of the Success Regime.

HR advised that one of the priorities of the would be around restoring public confidence and it is intended that the engagement will be with local people including third sector and independent organisations.

In response to EB's comment that the engagement needs to start now, SS advised that the problem was that the Success Regime had already fallen into the same trap. This was because an announcement had been made two months ago and to date, on the face of it, nothing had happened so the public were already becoming skeptical about this regime delivering improvements.

HR advised that the CCG wanted to build success into the north of the County in the same way as was being achieved in the south. However sometimes the CCG's hands were tied by issues being resolved at National Level and therefore it cannot always precede as it would wish to.

Agenda Item 8: Annual Report for Children Looked After 2014/15

Evelyn Bitcom (EB)

On page 19 of the report there is a brief reference of transition – in the past there has been a problem with transition arrangements, therefore could you advise how seriously transition is taken with regards to transition arrangements?

HR advised that this report was intended to describe the achievements, progress and challenges in meeting the health needs of children in care registered with Cumbria Local Authority. Transitional arrangements have been presented to the Governing Body previously and were taken seriously.

Agenda Item 10: NHS Cumbria Operating Plan

Liz Clegg

Page 5 of the Operating Plan – Bullet point reference “Define the “consolidated small hospital”

Can you advise what is meant by consolidation of the small hospitals?

PR confirmed this related to our District General Hospitals.

Agenda Item 11: Quality Report

Bernard Courtney (BC) – Ley Representative for Copeland Locality

1. Does the CCG believe that the North Cumbria University Hospital Trust (NCUHT) is improving or not?

PR advised that mortality rates had reduced although there was still some frailty in the system due to ongoing staffing issues. The Trust is actively being encouraged to report issues and whilst there have been positive signs of improvements there was still further work required.

HR stated that the Care Quality Commission Report (CQC) which was due to be received at the end of the June 2015 would help inform the CCG on the current position at the Trust. One of the main issues remained staffing which meant that agency staff had to ‘hit the ground running’ so to speak when being employed by the Trust.

RG advised that historically there had been a lot of deep seated and long standing issues and given that history it would take time to effect the required changes. When the CCG undertakes inspections it seeks assurance that plans were in place to implement those changes.

2. When is the trend to move services from West Cumbria Hospital (WCH) to Cumbria Infirmary Carlisle (CIC) going to be reversed?

HR advised that specific discussions would take place as part of the Success Regime regarding what services would be provided where.

PR advised that it was envisaged that when the new WCH opened some services would be transferred back from CIC.

Agenda Item 12: Performance Report

Bernard Courtney (BC) – Ley Representative for Copeland Locality

When is it expected that NCUHT will be improving noting that all the measures are below the National Operating Standard for April and May 2015.

PR advised that NCUHT were required to agree and action plan and improvement trajectory to both the Trust Development Agency (TDA) and the CCG. Currently the Quarter 3 projections show concern around achieving the Accident and Emergency (A&E) targets but all others appeared to be on target.