

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF GOVERNING BODY MEETING**  
**Wednesday 6 April 2016, 13:00**  
**J36 Rural Auction Centre, Crooklands,**  
**Milnthorpe, Cumbria. LA7 7NU**

<b>Present:</b>	Ruth Gildert Geoff Jolliffe Les Hanley Rachel Preston Hugh Reeve David Rogers Jon Rush Peter Scott Charles Welbourn	Registered Nurse (RG) Interim Clinical Chair <b>(Chair)</b> (JG) Lay Member (Health Improvement) (LH) Lead GP Representing the North of the County (RP) Interim Chief Clinical Officer (HR) Medical Director (DR) Lay Member – Public Engagement (JR) Lay Member – Finance & Governance <b>(Chair)</b> (PS) Chief Finance Officer (CW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
<b>In Attendance:</b>	Julie Clayton Anthony Gardner Peter Rooney David Stout Brenda Thomas Suzette	Head of Communications (JC) Network Director (AG) Interim Chief Operating Officer (PR) Transformation Director (DS) Governing Body Support Officer (BT)
Item 8 Only	Caroline Rea	Director of Primary Care (CR)
Item 14 Only	Amanda Horrocks	Deputy Director of Mental Health & Learning Disabilities (JH)

**GB 20/16      AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting and advised that Anthony Woodyer's (Secondary Care Doctor) term of office on the Governing Body had expired and thanked him for all his hard work over the last three years and wished him well for the future.

**GB 21/16      AGENDA ITEM 02: Declarations of Interest**

Geoff Jolliffe, Rachel Preston and Hugh Reeve all declared a pecuniary interest in Agenda Item 8, General Practice Development: Proposals for implementation from April 2016, as GP Partners in their respective practices.

**GB 22/16      AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 3 February 2016 & Action Log**

**Resolved:** The minutes of the meeting and the action log be approved as a true record .

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GB 23/16

**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 24/16

**AGENDA ITEM 05: Interim Clinical Chair & Interim Chief Clinical Officer's Report**

HR presented the report highlighting the following key areas contained in the report:

- Success Regime
- Better Care Together (BCT) – Value Proposition 2016/17
- Cumbria Partnership Foundation Trust (CPFT) – Care Quality Commission (CQC) Report
- CCG Staff Survey 2015

In response to a question from JR around the Success Regime, HR confirmed that a Pre-consultation Business Case was in the process of being drafted which would provide more detail than the report submitted to the CQC.

General discussion ensued around Maternity and the University of Morecambe Bay Hospital Foundation Trust's (UMBHT) decision to build a new unit for maternity services in Barrow upon Furness. The Chair confirmed that UMBHT had made its decision based upon the recommendation in the Kirkup report.

HR confirmed that funding of £5.1 million had been granted for 2016/17 to support the Success Regime.

PS sought clarification on whether the CPFT action plan developed in light of the CQC report would form part of the Success Regime Strategy. It was advised that this would be a stand-alone action plan and that CPFT was holding a risk summit the week commencing 9 May 2016 to consider its initial response to the CQC findings. However whilst the plan was stand-alone it was envisaged that both programmes (Success Regime & BCT) would help support the final action plan.

SS advised that there were various ways that the Success Regime was engaging with the public. These included the 'Chatty Van' and a wide range of public meetings, the dates for which would be released in due course and would be available on the Success Regime and Healthwatch Cumbria's website.

LH advised that there also needs to be engagement with businesses in the County and offered to supply contact details.

PS requested that the results of the Staff Survey be circulated to Members.

**Resolved:** The update be noted.

**Action:** Julie Clayton to circulate the Staff Survey to Members and obtain contact details for businesses from LH.

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GB 25/16

**AGENDA ITEM 06: A New Clinical Strategy for Health Services in Morecambe Bay – Better Care Together Outline Business Case Update**

AG presented the report advising that the strategy had been established on a clear clinical model which was based on the radical redesign and investment in ‘Out of Hospital’ care and was aimed at addressing the financial gap in the system by preventing the need for specialist care, where possible, and ensuring early transfers to a community setting.

Further work has been undertaken to address the financial gaps identified and provide assurance within the Outline Business Case (OBC) of how these could be addressed. This was then submitted to NHS England and Monitor on 1 April 2016 to start the assurance process ahead of the final document being submitted to the Governing Body.

General discussion ensued and it was confirmed that the OBC did not contain any significant changes to services that had not been previously consulted on, therefore there was no formal consultation envisaged at this time.

In response to a question from JR, AG confirmed that due to the financial gap there may well need to be some changes made to the OBC.

CW also advised that there was still a lot of work being undertaken to reduce the gap which included working with the UMBHT and Blackpool Foundation Trust. He acknowledged that there was an element of risk. However CW advised that it was imperative that some of the elements of work detailed in the OBC needed to be commenced in order to achieve savings otherwise the deficit would continue to grow.

**Resolved:**

1. The overall direction of the clinical strategy was re-confirmed;
2. It was acknowledged that further work was required around developing and implementing the areas identified to close the residual gap; and
3. It was noted that the outline business case had been submitted to NHS England and Monitor to enable them to start the assurance process ahead of the final document being presented to the Governing Body.

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GB 26/16

**AGENDA ITEM 07: West, North & East Cumbria Success Regime – Proposed evaluation process for the development of the Pre-Consultation Business Case**

DS presented the report outlining the following:

- Process to date
- Timescales for the development of the Pre-Consultation Business Case (PCBC) – the responsibility for which remains with the CCG in consultation with partner organisations across Cumbria
- Requirement for public consultation and anticipated timescales
- Consultation process to be approved by the Governing Body

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- Legal advice from Capsticks was that the process outlined was acceptable
  - Important that third sector organisations be involved in the process

General discussion ensued and the following concerns were raised:

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- concern that quality improvements could not be achieved due to the requirement to achieve financial savings
  - have businesses in the area been engaged?
  - lack of trust from the public as historically things have been promised and not delivered

HR reiterated the need for the strategy to be system wide and agreed by all partners.

In response to a question from JR, DS confirmed that the evaluation process detailed in Page 3, Item 7, would be held in public.

SS stated that it was important that the consultation document was as clear and concise as possible and should state both the benefits and disadvantages of the proposals. Access to as much information as possible should be made available to the public. Healthwatch offered to support but advised there needed to be other organisations involved in the process.

Proposed by Ruth Gildert ; seconded by Peter Scott;

**Resolved:** The proposed evaluation process for the development of the PCBC and subsequent public consultation document for the West, North & East Cumbria Success Regime be approved.

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GB 27/16

**AGENDA ITEM 08: General Practice Development: Proposals for implementation from April 16**

CR presented the report reminding Members that the Governing Body approves any schemes which provides funding directly to general practice to ensure any conflicts of interest are managed appropriately. She advised that the two schemes recommended in the report had been developed as part of the General Practice Development Programme.

General discussion ensued and the following was confirmed:

- 1) Quality Improvement Scheme – replaces the current Local Improvement Scheme (LIS) and will run for two years – will improve outcomes for all patients – will have targets in seven common areas and was designed to reduce bureaucracy for both practices and the CCG.
- 2) Amendments to Enhanced Services – minor amendments to a small number of services within this scheme, predominantly to reflect new clinical guidance. It maintains but does not increase the level of discretionary funding made by the CCG. Through improving outcomes and reducing unwarranted clinical variation this scheme would help to manage some of the cost pressures currently in the system.

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Members asked whether this work could be commissioned from sources other than GP's. CR confirmed that this was not possible as the scheme was based on practice populations and require direct input from practice staff.

RG advised that she felt these were a vast improvement on the previous scheme and praised the work involved in the development of them.

Proposed by Les Hanley; seconded by Jon Rush;

**Resolved:** The Quality Improvement Scheme for 2016/18 and the amendments to the Enhanced Services commissioned from General Practice in Cumbria be approved.

Geoff Jolliffe, Rachel Preston and Hugh Reeve abstained from voting as they had declared an interest in this item.

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GB 28/16

**AGENDA ITEM 9: Strategic Plan 2016/2017**

PR presented the report detailing that the plan was expected to demonstrate clearly how the CCG's planned activity would meet the NHS Constitutional standards, including all nine "must-do's". He advised that the plan attached to the report was a draft and the date for final submission to NHS England was 11 April 2016.

PR confirmed that during the completion of the plan the CCG had been working closely with NHS England around activity and finance. It was also noted that plan sets out the CCG's intent subject to finances.

**Resolved:** The Draft Operational Plan 2016/17 be endorsed.

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GB 29/16

**AGENDA ITEM 10: Financial Plan 2016/2017**

CW presented the report. He confirmed that the CCG was working closely with NHS England with regard to meeting its financial targets. However there were a number of challenges (as detailed in the report) that the CCG faced in achieving financial balance for 2016/17.

CW also advised that the CCG had been tasked by NHS England to deliver a draft financial recovery plan, which remained work in progress. However, he confirmed that it had been shared with both the Clinical Leads and Finance & Performance Committee.

In addition the CCG had also been selected to be part of the first wave of the NHS Right Care programme. This identifies potential opportunities to reduce costs when comparing the CCG's performance against comparative CCGs.

Further work would be undertaken in the coming weeks and the detailed budget for 2016/17 would be brought to the next Governing Body meeting for approval.

CW confirmed that the CCG remained in negotiation with NHS England concerning the agreement of a 'control total' for 2016/17 taking into account the level of financial risk facing the CCG. He also advised that the CCG had issued contract offers to all the main providers. An agreement had been reached with CPFT but

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negotiations were ongoing with the two acute providers.

CW advised that a Review of Community Investments made in 2015/16 had been undertaken. He then ran through the schemes in Appendix 1 which were being recommended to the Governing Body for approval to be continued.

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General discussion ensued around the investment schemes. HR advised that the schemes were only being proposed for 12 months. This was because once the two strategic programmes were implemented there may well be a different way of delivering these services.

AG advised that Members note that in the report the Kendal Care Home scheme should also be shown in the table headed '2015/16 Schemes Delivered by General Practice to Continue into 2016/17' as the spend will be through the GP schemes.

Proposed by Peter Scott, seconded by Les Hanley;

**Resolved:**

1. The financial position be noted
2. The continuation of the primary care investments listed in Appendix 1 to the report be approved.

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GB 30/16

**AGENDA ITEM 11: Joint Working Arrangements**

HR advised that NHS Cumbria CCG and NHS Lancashire North CCG had been developing joint working arrangements for the commissioning of services in the South of the County. Both Governing Body's had met and agreed in principle the establishment of a joint committee which would oversee any joint working arrangements.

Terms of Reference for a joint committee were in the process of being drafted and Capsticks were providing legal advice on the development of these. Once finalised a full proposal detailing the implications of delegation to the committee and any associated staffing implications would be presented to the Governing Body for consideration.

**Resolved:** The update be noted.

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GB 31/16

**AGENDA ITEM 12: Proposed changes to the CCG's Constitution, Standing Orders, Reservation & Delegation of Powers and Prime Financial Policies**

AG presented the report detailing the changes outlined in the document. General discussion ensued around the legalities of the delegation proposed. It was agreed that legal advice be sought before the report was presented to the Full Council of Members for approval. RG advised that some of the job titles in some of the Terms of References were inconsistent and needed to be reviewed.

**Resolved:** Subject to legal confirmation that the delegation schemes conformed with current legislation the proposed changes be recommended to the Full Council of Members for approval.

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GB 32/16

**AGENDA ITEM 13: Board Assurance Framework**

CW presented the report detailing the following change:

The risk that the cost of services commissioned exceeded the budgeted level of resources has been increased in 2015/16 due to the Local Price Modification issue at UHMB – the risk score increased from 20 to 25 based on the current plan.

Discussion ensued and it was agreed that the 'likelihood' score on risk around the CCG's strategic plan, as detailed at the top of page 3 on the risk register, be increased from 3 to 4 which in turn would increase the overall score to 20.

It was also requested that the register be amended to show the Lead Directors titles rather than their names.

**Resolved:** The changes detailed by CW be noted and the amendments requested above be made to the risk register.

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GB 33/16

**AGENDA ITEM 14: Mental Health Clinical Strategy**

JH presented the report. General discussion took place on the development of mental health crisis assessment and support services. JH advised that the financial implications were being developed with the support of the Success Regime.

In response to a question from the Chair, JH advised that the outcomes from a stake holder event had been included in the document but it was acknowledged that there was further work to be undertaken with a wide group of stakeholders.

Discussion ensued around the patient experience data. JH advised that data was often not coded correctly and therefore did not fully reflect how many patients accessed the Accident & Emergency (A&E) liaison services more than 3 times in 30 days.

Members thanked JH for the report.

**Resolved:** The report be noted.

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GB 34/16

**AGENDA ITEM 15: Communications & Engagement Report**

JC presented the report. Members praised the content of the report and acknowledged that this had been a period of significant turnover of staff in the Communications & Engagement team. Throughout this time a high volume of work had been achieved and the team was working well. RP advised that the GP newsletter had been welcomed by General Practices.

JR raised an issue about the capacity within the team to deliver over the next few months, especially in relation to the Success Regime and Mental Health public consultations programmed to commence at the end of June. JC advised that there was collaborative working across Cumbria being undertaken to support these programmes and the resources available to commit to the various programmes was being considered by the Director Team.

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**Resolved:** The report be noted.

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GB 35/16      **AGENDA ITEM 16: Quality Report**

DR presented the report advising it was a heavily redacted report which had been discussed in its entirety by the Outcomes & Quality Assurance Committee. He also advised that there was a discrepancy in the Mortality data which was being reviewed.

In response to a question from HR, DR advised that the reason for gaps in the Commissioning for Quality and Innovation (CQUIN) section of the report was due to data either not being available or the fact that the CCG was in the process of challenging the data received.

**Resolved:** The report be noted.

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GB 36/16      **AGENDA ITEMS 17: Performance Report**

PR presented the report which had also been discussed in detail by the Finance & Performance Committee. He reiterated that there were significant performance challenges in Cumbria.

In response to a question from PS, PR advised that the CCG was working alongside NHS England, the Care Quality Commission (CQC), Monitor and the Success regime to improve the performance trajectory for each non achieving activity for 2016/17. RG observed that it was very difficult for the CCG to hold the Trusts to account as it did not have the power to enforce sanctions on them. DR advised that a lot of work was undertaken by the CCG to support systems and improve services. However these details were not included in the report.

**Resolved:** The report be noted.

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GB 37/16      **AGENDA ITEMS 18: Finance Performance**

CW presented the report which had also been presented in detail at the Finance & Performance Committee.

Members were also asked to note that in finalising the accounts for 2015/16 the CCG had achieved its cash targets and he thanked the Finance Team for all their hard work in this area.

CW advised that due to the date of submission (27 May 2016) for the Annual Report and Annual Accounts the CCG would approve these reports in a Governing Body Part 2 meeting and then present the report at its public meeting on 1 June 2016. A presentation of the Annual Report & Annual Accounts would also be made at the CCG's Annual General Meeting in October 2016.

**Resolved:** The report be noted.

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GB 38/16      **AGENDA ITEM 19: Minutes of:**

Audit Committee:

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- 28 October 2015
  - 16 December 2015

Clinical Leads Group

- 21 January 2016

Finance & Performance

- 25 November 2015
- 24 February 2016

Locality Executives:

Allerdale:

- 14 January 2016
- 11 February 2016

Carlisle:

- 27 January 2016

Copeland:

- 16 December 2015

Eden:

- 17 December 2015

South Lakes:

- 07 January 2016

Outcomes & Quality Assurance Committee

- 16 October 2015
- 18 December 2015

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

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GB 39/16

**Agenda Item 20: Any other urgent items of business**

There were no urgent items of business.

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GB 40/16

**Agenda Item 21: 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 41/16

**Agenda Item 22: Date and time of next meeting approved:**

The next meeting will be held on Wednesday 1 June 2016 commencing at 13:00 The Forum, Duke Street, Barrow-in-Furness, Cumbria. LA14 1HH

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The meeting closed at 16:50

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

### Neil Hughes

*Could some clarification please be given of the stage of completion which the Mental Health Strategy has attained to date?*

DR advised that the Strategy was being developed in three stages; The Vision which had already been received by the Governing Body; The Model of Care, which was being presented today; and the Strategy would be informed by these two pieces of work and would be brought the Governing Body in due course.

### Eileen Turner

*I wish to understand aspects of the CCG's engagement process:*

- *What is the process for building service user/comminute input into option selection process?*
- *Is the CCG being supported by specialist consultation and engagement company and have they been selected?*

JC advised that the CCG tried to involve as wider range of people as possible in all its engagement processes. Clear examples of this were the Alfred Barrow Centre project and the public engagement that had been undertaken for the Better Care Together programme in the south of the County. The Success Regime had also undertaken some public engagement meetings and further stakeholder engagement meetings were also being programmed in the next few weeks.

### Sue Gallagher

*General Practice Development – Would you be able to give a couple of examples of “Unwanted clinical variations” – practical illustrations a lay person can understand?*

HR advised an example of this was the prescribing of Antibiotics – there was a wide variation amongst general practice which indicated that some practice was over issuing prescriptions for these. Therefore by looking at this and challenging the over prescribing you could reduce the inappropriate prescribing of antibiotics, along with the risk of dug resistance and also reduce the overall prescribing spend.

The same could be said for diagnosis of high blood pressure. Again there were wide variations in the number of people diagnosed between practices.

### Evelyn Bitcom

Agenda Item 7:

*1. The Pre Consultation Business Case- the Process for the development & evaluation of options*

*a) Has any other appropriate "stakeholder" (e.g. THIRD SECTOR ORGANISATIONS) other than the CCG/NHS been involved in the planning process of deciding the "long list of potential options" as mentioned at (2) please?*

DS advised that third sector organisations have been involved in several of the workstreams such as Proactive and Urgent Care, Mental Health and Children and Families services which have developed the ideas feeding into the development of the clinical strategy. More generally many third sector organisations have been included within the stakeholder communications list who receive updates from the Success Regime such as the recent Public Progress Report and Baseline Facts & Figures document.

*b) Before the proposed workshop on the 13th April could it have been made possible for the LAY members to consult with the third sector and others (who could be the eyes and ears on the ground) to enable "trust" to be re- built in whatever those changes should become, to be qualified as beneficial to the future well being of the localities MOST IN NEED of access to good services by poverty, deprivation and long term health issues to improve well being, resilience and empowerment for the future hope of some very vulnerable in this county?..... or Will time be made for this?*

*\*Effective Co Production has been missing in Cumbria and the public are in fear again (after the LINK-CLOSER TO HOME - RESPONSE REPORT) of "being done to and not with-Take it or leave it"*

DS stated that stakeholders will be invited to the session on 13 April. Whilst this had not been finalised at the time of writing, DS advised that he was sure this would include lay people and third sector input.

*2) When will the RURALITY and long term GEOGRAPHY of Cumbria be seriously accepted, taken into account and RURAL PROOFING OF SERVICES happen? or are we always to be the poor relation of health services as compared with other parts of the country, as only have approx half a million population yet spread over the 2nd largest county in England with high Suicides rates, High elderly and high long term conditions and deprivation?*

DS advised that as set out in the Success Regime Public Progress report published on 1 March, addressing the challenges arising from the rurality and geography of Cumbria was fundamental to the development of the clinical strategy within the Success Regime.

## **Appendix 2**

### **Questions & Answers from Members of the Public - Agenda Item 21**

#### **Liz Clegg**

*Quality Report - Is it possible that the reporting of staffing levels and vacancies be standardised, it is currently not easy, or even possible to compare e.g. the situation between UMBHT or North Cumbria University NHS Hospitals Trust (NCUH)?*

DR advised that the CCG could request this but it would be dependent on their internal processes.

*Performance Report, page 2 – Hexham have withdrawn their offer of capacity re orthopedics, where are NCUH looking for alternative appointments?*

PR advised that they were looking in the surrounding areas. However it was very difficult as there was not the capacity in others hospitals to provide this.