

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF GOVERNING BODY MEETING**  
Wednesday 5 April 2017  
Braithwaite Institute, A66, Keswick. CA12 5RY

<b>Present:</b>	Jon Rush	Lay Chair ( <b>Chair</b> ) (JR)
	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Rachel Preston	Lead GP
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Peter Scott	Lay Member – Finance & Governance
	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)
	Julie Haywood	Transformation Director (JH)
	Caroline Rea	Director of Primary Care (CR)
	Eleanor Hodgson	Director for Children and families (EH)
	Peter Rooney	Chief Operating Officer (PR)
	Brenda Thomas	Governing Body Support Officer

GB 20/17

**AGENDA ITEM 01: Chairs Welcome and Apologies**

Apologies were received from Helen King, Director of Nursing & Quality.

The Chair welcomed everyone to the meeting. He congratulated North Cumbria University Hospital NHS Trust which had been removed from special measures by the Care Quality Commission (CQC). The Chair also congratulated GP practices and Cumbria Health on Call for the outcome of their inspections. It was acknowledged that there were still challenges in Social Care, the North West Ambulance Trust and the CCG, which were still under formal directions. However with the Strategic Transformation Partnership (STPs), partnership working and co-production, the Chair considered that the plans in place would improve services and work with our patient communities to build trust and confidence across the system.

GB 21/17

**AGENDA ITEM 02: Declarations of Interest**

There were no declarations of interest.

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GB 22/17

**AGENDA ITEM 03: Minutes of the Governing Body Meeting held on:**

**Minutes of 1 February 2017 & Action Log**

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

Page 7, Appendix 1 - the first name should read Heather and not Heath.

**Minutes of 8 March 2017**

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

Page 13, last paragraph, second sentence - be amended to read Maryport and not Alston.

Page 18, seconded by - should be amended to read Jon Rush, not Dr Jon Rush.

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GB 23/17

**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 24/17

**AGENDA ITEM 05: NHS North Cumbria CCG Constitution**

PR presented the report advising that the outline of the Constitution (appended to the report) had already been endorsed by the North Cumbria Practices and had been approved by NHS England. However, if recommended by the Governing Body today, the Constitution would be presented in its entirety to the Full Council of Members on the 18 May 2017 for formal approval.

Members were also asked to approve the Terms of Reference for the Executive Committee and the Primary Care Committee.

Discussion ensued and it was agreed that the wording around the role of the Registered Nurse and the area the CCG covers be amended prior to submission to the Full Council of Members.

The Chair confirmed that further work would be undertaken on the Constitution, Standing Orders, Scheme of Delegation and the Prime Financial Policies prior to submission to the said Full Council of Members Meeting.

Proposed by Les Hanley, seconded by Peter Scott

**Resolved:**

1. The attached Constitution (Appendix 1) be recommended to the Full Council of Members for approval;
2. The Terms of Reference of the Primary Care Committee (attached as Appendix 2) and the Executive Committee (attached as Appendix 3) be approved;
3. The existing committees of the Governing Body be approved to continue to

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- operate under their existing Terms of Reference with the exception that they only relate to the revised boundary of the North Cumbria CCG;
4. Each committee be required to review its terms of reference at their next meeting; and
  5. All existing policies of the NHS Cumbria CCG continue to apply to the NHS North Cumbria CCG with the exception that they only relate to the revised boundary of NHS North Cumbria CCG.
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GB 25/17

**AGENDA ITEM 06: NHS North Cumbria CCG's Vision, Goals, Objectives and Values and Behaviours**

SC presented the report advising that the above had been developed based on the Cumbria Partnership Foundation Trusts (CPFT) values and behaviours. He confirmed that three workshops/staff events had taken place to adapt the above to meet the requirements of the CCG and this included feeding in the results of the staff survey.

Discussion ensued and some Members advised that they would like to have been involved in the process and it was agreed that Governing Body members would be included in such events in future. RG acknowledged the amount of work which had been undertaken and provided a good platform going forward. However the key would be in the implementation of changing behaviours. EH confirmed that this would be the main challenge.

Consideration was also given to how the development process of the CCG's Vision, Purpose and Objectives was communicated to staff, especially in relation to the involvement of the Staff Engagement Group, along with how these linked into the appraisal process.

Proposed by Rachel Preston, seconded by Ruth Gildert;

**Resolved:** The vision, purpose, objectives and values and behaviours for North Cumbria CCG be approved.

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GB 26/17

**AGENDA ITEM 07: Progress Report on Healthcare for the Future Consultation update report**

SC presented the report advising that on the 22 March 2017 the Cumbria Health Scrutiny Committee considered the decisions taken by the Governing Body on 8 March 2017 appertaining to the Healthcare for the Future, West, North and East Cumbria. He confirmed that only the decision on Maternity Services had been referred to the Secretary of State for Health. However at the time of writing the CCG had not received the exact wording and rationale for the referral.

SC further advised that a World Café Event will take place to establish how co-production will work and who will be working with the CCG on this. The outcomes from this event were now in the process of being developed along with the next steps that will be undertaken to progress the co-production work. A further update would be presented at the June 2017 meeting of the Governing Body.

In response to a question on who will decide which community representatives

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would be involved, it was confirmed that this would be an inclusive process that would largely include those who wanted to be involved.

Discussion ensued and it was agreed that it was important to ensure that women with families need to be involved along with potential future services users including young women from colleges and universities. SC confirmed that there needed to be regular updates to wider groups. However, it was important to ensure that there was a small working group established to drive this work forward.

In response to a question by RG, SC advised that once the referral had been received by the Secretary of State he would seek expert advice and then take a view. That view would then be reviewed by an independent panel who then determine the process required to be undertaken by the CCG in light of its findings.

LH again requested that the business community be involved. EH confirmed that the groups outlined in the report were not exclusive and other groups such as the business community would be engaged.

In response to a question on how this work would be resourced SC confirmed that it would be linked to the work around the development of closer integrated working across the system with collective management resources being released from across partnership organisations.

**Resolved:**

1. The decisions made by the Cumbria Health Scrutiny Committee on the 22 March 2017 be noted.
2. The outlined proposed role of the co-production groups described in the report be endorsed, recognising that the final definition of each group will be made after further stakeholder engagement.

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GB 27/17

**AGENDA ITEM 8: Financial Plan 2017/18**

CW presented the report advising Members that the financial plan had also been considered in detail by the Finance & Performance Committee. He then ran through the key issues highlighted in the report.

PS advised that the report stated that there was still a lot of detail to be worked through with the Finance & Performance Committee. Therefore there was a need to clarify how the contracts would be managed (as performance management would be key) and be clear where responsibilities lie to ensure that people could be held to account if targets were not achieved. In response CW confirmed that it was important to make sure operationally everyone was on board and working to the same aims.

In response to a question from LH, CW confirmed that despite the boundary change, North Cumbria CCG would still be required to make payments by results to the University of Morecambe Bay NHS Hospitals Foundation Trust (UHMB). This was due to the fact that there would be some patients from within the North Cumbria CCG footprint that would elect to be treated one of the hospitals within that Trust.

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Proposed by Kevin Windebank, seconded by Les Hanley;

**Resolved:**

1. The contents of the report be noted;
  2. The budget for 2017/18 as detailed in the report be approved; and
  3. The Financial Plan behind the approved budget be considered in detail by the Finance & Performance Committee.
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GB 28/17

**AGENDA ITEM 09: Accountable Care Organisation (ACO)**

PR advised that this report built on the report considered and endorsed by the Governing Body at its Part 2 meeting on 1 February 2017. He confirmed that the Governing Body was only being asked to approve the formation of the Integrated Commissioning Group (ICG) and note the development of the high level plans to take forward accountable care, including the arrangements for the Provider Alliance Memorandum of Understanding. He also stated that this report was not seeking any commitment to delegate authority to the ICG.

In response to a question from KW, SC confirmed that currently there did not appear any appetite to change legislation and therefore NHS North Cumbria CCG would remain the authorised body for the commissioning of services. However whilst delegated authority did not form part of the discussions around this report today, it may be something that would require discussion in the future.

Discussion ensued and concern was expressed around the timelines and membership detailed in the report. Specifically, the discussion focused on the following:

- Timescales: the Gateways leading to an ACO were highly ambitious and seemed to be at odds with the anticipated timescales described in the 'Next Steps for the 5 Year Forward View'. However, the Governing Body's caution should not be misconstrued as any lack of ambition on the part of the commissioner to realise, as quickly as possible, the benefits to patients of a system that was more collectively accountable to the community that it served.
- Governance Arrangements: a salutary warning that the need for strong governance throughout the journey as well as at the end destination will be critical. The CCG will continue to be the statutory organisation (in the absence of new primary legislation) and must ensure that it is always in a position to discharge its responsibilities safely and with confidence – when these responsibilities are delegated (as potentially will be the case with an ACS or an ACO).
- Management Capacity: there was a view that this transition to accountable care will be a significant call on management resource and the question was asked as to whether there was sufficient capacity. It was acknowledged that the creation of an ACS should release management resource as organisation work more closely together and reduce some of the duplicated overhead.
- Distraction: it was felt that there is a risk that a focus on creating a new organisational form would divert vital management resource and attention away from the service transformation agenda. However, it was also

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understood that an ACS could actually prove to be an enabler to the transformation programme ahead (for the reasons of risk share, management efficiency and aligned incentives)

- Integration: the potential collaboration /merging (of specific aspects) of CPFT and NCUH presented two potential serious problems that will need addressing: the potential increased uncertainty, exacerbating current recruitment problems and the risk of mental health and learning disabilities losing commissioning prominence.
- Common Purpose: it was felt that a fundamental foundation stone to an ACS has to be the stated and collectively owned 'common purpose'.

Members were reminded that in approving the establishment of the ICG they were not committing to the timelines in the report and the above issues would be fed back to partner organisations, including the membership of the group. In response to the above concerns SC suggested that it could be beneficial for the Governing Body to meet with other partnership Board Members.

Proposed by Kevin Windebank, seconded by Charles Welbourn;

**Resolved:**

1. Subject to the specific inclusion of Mental Health & Learning Disabilities within the scope of the group and consideration of the involvement of clinical members as appropriate, the formation of the Integrated Commissioning Group as set out in the report be approved; and
2. The development of the high level plans to take forward accountable care, including the arrangements for the Provider Alliance Memorandum of Understanding be noted.
3. The Governing Body does not agree to the timescales indicated in the report for an Accountable Care System to be established

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GB 29/17

**AGENDA ITEM 10: Communications & Engagement Report**

JC highlighted the key areas of work which had been undertaken in 2016/17 as detailed in the report.

RP praised those involved in the production of the GP Newsletter advising that it was easy to navigate.

**Resolved:** The report be noted.

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GB 30/17

**AGENDA ITEM 11: NHS North Cumbria CCG Boundary Change Report**

Julie Haywood presented the report advising that the Boundary Change Project (BCP) Action Plan included 28 separate areas of work that formed part of the transition to NHS North Cumbria CCG. She confirmed that all of these areas were 'green' (either completed or still ongoing). Further transition work would continue during the next few months and a legacy management plan would be completed by Friday 7 April 2017. In addition JC advised that there had been an internal audit by Audit One which provided a 'good' rating of assurance on the boundary change process.

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In response to a question from the Chair, PR confirmed that further reports would only be provided to the Governing Body if any risks or new issues were identified.

**Resolved:** The report be noted.

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GB 31/17

**AGENDA ITEM 12: Quality Report**

DR presented the report advising that the Outcomes & Quality Assurance Committee had reviewed the report in detail at its meeting on 17 February 2017. He confirmed that one Regulation 28 notice had been issued relating to Naso-gastric tube incidents at North Cumbria University Hospitals NHS Trust (NCUH) and one 'never event' relating to a 'wrong route administration of medication' reported by (UHMB).

LH, the Chair of the Outcomes & Quality Assurance Committee, confirmed that the revised reports contained outcomes of action taken in response to incidents reported and the Committee would continue to assess and monitor the quality reports in detail.

**Resolved:** The report be noted.

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GB 32/17

**AGENDA ITEM 13: Performance Report**

PR presented the report advising that it was still a county wide report due to the time lag for the provision of performance data. DR advised that NHS 111 continued to have significant performance issues and that the CCG was monitoring this on a daily basis. Update reports were being received at the A&E (Accident & Emergency) Board and this board links into the Finance & Performance Committee.

**Resolved:** The report be noted.

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GB 33/17

**AGENDA ITEM 14: Finance Report**

CW presented the report seeking approval from Members for the proposed arrangements detailed in the report for approval of the 2016/17 NHS Cumbria Accounts and Annual Report.

Proposed by Peter Scott, seconded by Les Hanley;

**Resolved:** The Audit Committee be delegated to approve the Annual Accounts and Annual Report for 2016/17.

CW advised that the CCG was facing a number of cost pressures and was forecasting a deficit of around £2 million greater than the planned £8.5 million. Additional work was ongoing with NHS England and NHS Improvement in conjunction with the UHMB regarding resolution of the "sparsity payment".

**Resolved:** The report be noted.

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GB 34/17

**AGENDA ITEM 15: Minutes of:**

Audit Committee:

- 14 December 2016
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Finance & Performance Committee:

- 21 December 2016
- 18 January 2017
- 15 February 2017

Locality Executives:

Allerdale:

- 12 January 2017

Carlisle:

- 26 October 2016
- 23 November 2016
- 01 February 2017

Copeland:

- 14 December 2016

Eden:

- 27 October 2016

Outcomes & Quality Assurance Committee

- 21 October 2016
- 15 December 2016

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

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GB 35/17

**Agenda Item 16: Any other urgent items of business**

There were no urgent items of business.

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GB 36/17

**Agenda Item 17: 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 37/17

**Agenda Item 18: Date and time of next meeting approved:**

The next meeting will be held at 13:00 on Wednesday 7 June 2017 venue to be confirmed.

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The meeting closed at 16:50

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

There were no questions asked by members of the public.

#### Appendix 2

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

##### Liz Clegg

*Liz Clegg stated that the Governing Body had not been given credit for the stoic way it had taken the decisions on Healthcare for the Future on 8 March 2017. She advised that she felt much more positive and congratulated the Members of the Governing Body.*

*Liz Clegg requested that careful consideration be given to the branding when working on the Strategic Transformation Plans.*

SC confirmed that this would be considered by the System Leadership Board. David Blacklock from Healthwatch Cumbria was working with Julie Clayton from the CCG as it was acknowledged that it was important to get the branding right.

##### Evelyn Bitcom

*Agenda item 9 (page 15) Taking Forward Accountable Care in West, North & East Cumbria:- Make up of Membership.*

*If Co-production working is to be seen to be meaningful across all sectors then the membership of the West North and East Cumbria Integrated Commissioning Group should include clinical professions and lay people. Also in order to ensure that the Governments "Parity of Esteem Agenda" is met there needs to be much more emphasis needed on Mental Health & Learning disability alongside Long Term Conditions. This would be in keeping with the NHS 5 Year Forward View and would help to address the criticisms from Regulators and work towards improvements to Public Services. Therefore can the new NHS North Cumbria CCG advise when the Mental Health Consultation which was supposed to have commenced on 1 April 2017 will take place and can it please be about the whole service provision and not just around inpatient beds?*

PR confirmed that the Mental Health lead was liaising with Cumbria Partnership Foundation Trust regarding the consultation and a report would be brought to a future Governing Body meeting in due course. In terms of consulting on the whole service provision, formal consultation will only take place when there were proposals for major change to services. RP advised that Mental Health work-streams will form part of the development of the Integrated Care Communities.

*Agenda Item (8) Page 8) Financial Plan - Financial Savings*

*Prescribing & Medicines Management - Savings still could be made if the "side effects" were made clear to patients/carers at the time of prescribing. This would enable them to make a better informed choice and would help to eliminate some wasted medicines due to people stopping taking the medicine because of those side effects. In addition alongside this there should be regular reviews on repeat prescriptions. This is a must for long term conditions, including mental health. This would eliminate some patients being found with huge stocks which then have to be destroyed – can you advise what the CCG is doing to ensure this happens?*

CR advised that the CCG's medicine leads worked closely with its General Practitioners (GPs) to eliminate such waste and reduce the number of prescriptions issued.