

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 2 August 2017
The Oval Centre, Salterbeck Drive, Salterbeck, Workington,
CA14 5HA

Present:	Jon Rush	Lay Chair (Chair) (JR)
	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Colin Patterson	Lead GP – Primary Care (CP)
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Peter Rooney	Chief Operating Officer (PR)
	Peter Scott	Lay Member – Finance & Governance (PS)
	Kevin Windebank	Secondary Care Doctor (KW)
In Attendance:	Andy Airey	Deputy Director of Commissioning (AA) (For agenda item 9)
	Kieron Bradshaw	Communications Assistant (KB)
	Stephen Childs	Chief Executive (SC)
	Julie Clayton	Head of Communications (JC)
	Andrea Davis	Head of Financial Management and Contracting (AD)
	Eleanor Hodgson	Director for Children and families (EH)
	Louise Mason Lodge	Deputy Director of Nursing & Quality/Designated Nurse for Safeguarding (LML) (For agenda item 8)
	Caroline Rea	Director of Primary Care (CR)

GB 38/17 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting.

Apologies were received from Charles Welbourn, Chief Finance Officer; Amanda Boardman, Lead GP Children and Adult Safeguarding; Brenda Thomas, Governing Body Support Officer; and Sue Stevenson, Observer for Healthwatch Cumbria.

GB 39/17 **AGENDA ITEM 02: Declarations of Interest**

CP declared an interest in Agenda Item 6, regarding both the CCG Quality Improvement Scheme and the Integrated Care Community gain-share agreement 2017/18 policies, due to him being a GP Partner in Carlisle Healthcare.

GB 40/17	AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 7 June 2017 & Action Log
	<p>Resolved: The minutes of the meeting were agreed as a true record of the meeting.</p> <p>The action log was reviewed and updated accordingly.</p>
GB 41/17	AGENDA ITEM 04: Questions from members of the public present
	<p>Questions and answers from members of the public are contained in Appendix 1.</p>
GB 42/17	AGENDA ITEM 05: Chair & Chief Executive Report
	<p>The report was presented by SC.</p> <p>Discussion took place regarding GP recruitment, in particular focusing on the recruitment of GPs from across Europe. Following a question from RG about the possible implications of Brexit, CR provided an update having recently attended an Overseas Steering Group meeting. It was advised that there was no sign that Brexit was having a detrimental impact on the numbers of GPs being recruited from across Europe. Brief updates were given on the numbers of applications received, the process that the applicants would need to go through to be accredited, and an approximate timescale for this recruitment work to be completed. It was also noted that a decision had been taken to only target European countries to recruit from due to the complexities of trying to recruit from further afield, as this would have resulted in it not being possible to achieve the target set of recruiting 25 GPs within the designated timeframe.</p> <p>Regarding workforce changes, CP noted that changes taking place in the North East, particularly around breast screening, were not currently being asked to take place in Cumbria.</p> <p>Resolved: The report be noted.</p>
GB 43/17	AGENDA ITEM 06: NHS North Cumbria CCG Policies and decisions for approval or noting.
	<p>JR introduced the item. It was noted that each of the five policies had been put through scrutiny by the relevant committees within the CCG prior to the meeting and were recommended for approval.</p> <ul style="list-style-type: none"> • PR gave an overview of the Prevent Policy. <p>CR gave an overview of the following:</p> <ul style="list-style-type: none"> • CCG Quality Improvement Scheme, • Integrated Care Community Gain-Share Agreement 2017/18 • Workington Integrated Care Community Scheme. <p>Following an issue raised by PS, conversation was held regarding the role of the Governing Body in making decisions and ensuring public accountability for the policies, regarding appropriately agreed delegation.</p>

It was agreed a report would be brought to a future Governing Body meeting which would enable it to consider whether or not it wished to address the scheme of delegation in terms of what decisions can be made within a committee as opposed to what decisions were reserved to the Governing Body.

- DR gave an overview of bariatric pathway, advising that there was a desire to develop more tier 3 and 4 bariatric services locally. CP noted that all Governing Bodies were being updated on the pathway, and that no issues had been raised with the national bariatric body following this.

Conversation took place regarding the update of these bariatric services and it was noted that this was affected by access, as patients needed to travel to Liverpool for Tier 3 services and to Stoke for Tier 4.

Discussion was held regarding how cost effective the bariatric pathways would be if implemented locally. It was noted that it would involve more cost, particularly around staffing, but that evidence suggested that patients who used the services tended not to use other services later. It was advised that at the time data wasn't available regarding costs; however, conversations had taken place with Charles Welbourn, Chief Finance Officer, and the costs would be reflected in future plans. It was advised that estimated costs could be provided if they were needed later.

Proposed by Kevin Windebank, seconded by Les Hanley;

Resolved:

1. The Prevent Policy which was recommended for approval by the Outcomes & Quality Assurance Committee on 16 June 2017 be approved.
2. The CCG Quality Improvement Scheme which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved.
3. Integrated Care Community Gain-Share Agreement 2017/18 which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved.
4. Workington Integrated Care Community Scheme which was recommended for approval by the Primary Care Committee on 13 July 2017 be approved.
5. The National Institute for Health & Care Excellence (NICE) Compliant Bariatric Pathway which was recommended for approval by the Executive Committee on 20 July 2017 be approved.

GB 44/17

AGENDA ITEM 07: Organisational Development

EH presented the report, which had been updated to include comments noted at the Finance & Performance Committee on the 21 June 2017.

PR gave an update on the 360 degree stakeholder survey.

JR noted the hard work that was ongoing to improve the organisation.

SC highlighted the improvement methodologies that were being adopted by the organisation, advising that both executive and non-executive members would be

ensuring improvement tools were applied.

Proposed by Colin Patterson, seconded by David Rogers;

Resolved: The Organisational Development Strategy / Action Plan be approved.

GB 45/17

AGENDA ITEM 8: Safeguarding Annual Report - Adults, Children and Children Looked After

LML entered the meeting and presented the report.

Following a question from KW, LML clarified that the report referred to 2016/17, when NHS Cumbria CCG had a GP in post as a safeguarding lead for each locality within Cumbria, and following the transition to NHS North Cumbria CCG there was now one GP safeguarding lead for the whole patch. It was noted that each GP Practice within the area had a nominated safeguarding lead.

DR acknowledged the vast amount of work that had been done by the Safeguarding Team.

RG noted how surprising it was that issues that would be expected to take place in more deprived areas of the country were taking place in Cumbria, and that this highlighted the importance of the safeguarding work here. LML noted that the report described emerging issues in more detail for this reason, advising that it was important that the issues were addressed.

Clarity was given on the Child Information Sharing Programme and LML advised that the system allowed front end services such as A&E and PICAS to check if a child was part of a particular programme. It was noted that this was still in development and that there were plans for it to be rolled out to GP practices in the longer term. CP added that at the moment GP registration forms asked for information such as if a child was under care or a particular scheme, and who the responsible adult was, to enable this to be picked up by the GP.

Resolved: The report be received.

GB 46/17

AGENDA ITEM 09: West, North and East Cumbria Mental Health Progress Update

AA entered the meeting and presented the report.

Discussion was held regarding primary care integration, which would see a shift away from mental health services being designated as primary or secondary care services. In response to a question from CP regarding timescales for the completion of this work, AA advised that the first mental health Integrated Care Communities (ICC) meeting was held 10 August to revisit the draft model paper developed by CPFT. These meetings would now occur every two weeks, chaired by AA, with the aim of agreeing the timeline for development and implementation, and to do the actual model work. The timeline is due to be presented at the next System Leadership Board on 14 September. CP highlighted a concern that if there was too much of a lag it would show up.

Conversation was held regarding how ICCs would deliver the services. PR gave a brief update on developments, explaining that support would need to be in place for different groups and individuals, including specialist services and services for reactive cases. The service design would also need to incorporate pathways from and back into primary care. Due to the multi-layered nature of the services, they would not be able to split them up into individual ICCs.

SC reflected on a recent meeting he had attended with the ICC leads, noting that Stephen Eames, newly appointed Chief Executive of Cumbria Partnership NHS Foundation Trust, was also present and that Mental health was one of his priorities for his first 100 days in his new role with the Trust.

Conversation took place regarding services for patients with dementia, following a question from LH which highlighted the need to accommodate for an aging population. AA advised that work was being carried out as part of a national dementia strategy, and also within a Cumbria-wide dementia steering group, noting that demand for these services was going to increase. PR highlighted extra work that needed to take place with GP services regarding diagnosis of dementia, advising that investment in practitioner services to work with people with dementia had been agreed, and immediate work was being done to improve outcomes for people admitted to hospital due to dementia.

Following a question from RG regarding services for patients with eating disorders, AA advised that work was being done to move away from a diagnostic specific pathway that excluded people regarding their age, etc.

Brief conversation was held regarding a bid that had been placed by the CCG for funding for perinatal mental health services; it was noted that this would be discussed further by the Governing Body.

PR highlighted that there had been a decrease in numbers of police officers sectioning people due to access to areas such as rapid response services.

Brief discussion took place regarding challenges faced in staffing mental health services in Cumbria, and it was noted that this reflected the national picture for recruitment and retention. AA advised that pathways were being developed to address the issues.

Conversation was held following a question from KW about where training for certain services took place, noting that if training for particular services such as IAPT was located in Cumbria it may help to encourage new staff to work here. AA advised that some training was located outside of Cumbria as the uptake numbers wouldn't justify the training being inside Cumbria.

Resolved: The report be received.

GB 47/17

AGENDA ITEM 10: General Practice Update Report August 2017

CR presented the report. CP acknowledged the work currently being carried out to make positive changes in primary care, including developments in the way GPs work,

for example supervising services rather than seeing patients themselves. It was noted that the report could be more explicit in the way it outlined the work and actions being done in the future.

Resolved: The report be noted.

GB 48/17

AGENDA ITEM 11: Healthcare for the Future Update Report on Recommendations from the 8 March 2017 Meeting

SC presented the report.

Discussion took place regarding when the year would begin to measure the success of the maternity options. CP highlighted the importance of being clear about when the year starts, to ensure that everyone is aware. It was clarified that the year had not yet begun.

Resolved: The report be noted.

The meeting paused for a short break following Agenda Item 11.

GB 49/17

AGENDA ITEM 12: Quality Report February 2017 / March 2017 and April/ May 2017

LML presented the report.

It was noted that the report had been scrutinised by the Outcomes and Quality Assurance Committee and specific issues had been discussed there prior to the meeting.

Resolved: The report be received.

GB 50/17

AGENDA ITEM 13: Performance Report

PR presented the report.

Discussion was held regarding section three of the report (Quality premium). It was also agreed that future reports would be adapted to enable the Governing Body to track performance against the Quality Premium improvement trajectory.

Resolved: The report be noted.

GB 51/17

AGENDA ITEM 14: Finance Report June 2017

AD presented the report and short discussion followed.

Resolved: The report be noted.

GB 52/17

AGENDA ITEM 15: Minutes of:

Executive Committee:

- 18 May 2017
- 22 June 2017

Finance & Performance Committee:

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- 17 May 2017
 - 21 June 2017

Primary Care Committee:

- 11 May 2017

Outcomes & Quality Assurance Committee:

- 21 April 2017

System Leadership Board Meeting:

- 08 June 2017

Resolved: The minutes be received for information.

GB 53/17

Agenda Item 16: Any other urgent items of business

There were no urgent items of business.

GB 54/17

Agenda Item 17: Questions from members of the public present

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

GB 55/17

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

The next meeting will be held at 13:00 on Wednesday 4 October 2017, at Carlisle Racecourse, Durdar Road, Carlisle, CA2 4TS.

The meeting closed at 16:20

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

Sue Gallagher

Regarding GP recruitment, where does the training of Associate Physicians/GPs fit with all of this?

The question was picked up during Agenda Item 5. CR provided a response, advising that the training would take place at the same time as supporting overseas GPs. An overview of developments taking place within the Primary Care team was given, explaining that the aim was to reduce dependency on GPs by increasing the size of clinical teams, including nurses and other roles, and giving patients access to broader and more diverse range of professionals. An explanation of training issues was also given, highlighting that 20 GP practices in North Cumbria were accredited to provide training, and noting that the system would need to be designed appropriately to avoid difficulties arising from having overseas students suddenly added to the workload.

Following a further question from Sue Gallagher, CR clarified that a GP practice would always make its patients aware when they were seeing a trainee, and would provide an option not to be seen by them if they were uncomfortable. It was also noted that a big role for the education programme would be to involve the public more in the way GP practices work in the future.

Would you help me to understand the terms regarding TRANSFER – children's to adults services, and TRANSITION – 16-18 age range?

The question was picked up during Agenda Item 8. LML advised that the terms were used to ensure that at the point of a patient's transfer or transition, safeguarding was being considered and taken care of; noting that providers could give evidence to show consistency around the pathway, and that there was involvement of the family when appropriate throughout the process. It was noted that work was ongoing on the pathways, and this involved other health commissioners.

Alan Alexander

Regarding the findings of the patient experience survey carried out by NHS England and Ipsos MORI, the finding that nearly 90% of patients rated their experience of their GP surgery as good seems to be suspicious. In particular the survey did not ask people about how long it took them to get an appointment with their GP. People have to wait a long time.

CR responded to the question, clarifying that the survey did contain a question about the length of time it took for patients to get an appointment with their GP. Also JR indicated that there was a review of the GP survey and he had forwarded the details to Alan so that he could feed in directly with any concerns he had regarding the choice of questions.

Is the length of the Governing Body meeting a concern, due to it tying up staff and public time for 6 hours?

JR thanked Alan for the feedback, noting that although it would be a good thing to make the meeting more efficient where possible, it was still an important function for the Governing Body meetings to take place every two months in this format, allowing the members of the meeting to discuss items and for the public to see that taking place.

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

Evelyn Bitcon

Item 9 – West, North and East Cumbria Mental Health Progress Update

Following the Government announcement this week that there will be vast increase in funding for mental health staffing, how much of that will Cumbria receive?

JR advised that there had been no formal guidance sent through to the CCG from the Secretary of State yet. PR advised that to get a rough idea, Cumbria is slightly less than 1% of the population of the whole of England, so as a rule of thumb roughly one percent of the announcement made by the secretary of state should equate to Cumbria, and 0.6 percent should equate to north Cumbria. However, no formal information had been shared.

Evelyn commented that the investment could be used to look at long term high needs in Cumbria, such as addressing the high rates of suicide.

Evelyn advised that she attended the Mersey Care Annual General Meeting last week, and recommended that the Governing Body looked at their Recovery College work, particularly around empowerment and resilience building, from prevention to recovery, as the results were good. Evelyn noted that this was one way of working with the community in the community to improve mental health and wellbeing.

JR thanked Evelyn for the information and noted that Evelyn would be meeting with Andy Airey, Deputy Director of Commissioning at the CCG, the following week and would be able to feed more information back then.

Agenda Item 7 – Organisational Development

Regarding the staff engagement group; does this involve shop floor staff, including community staff, who are working around MH and learning disability, and physical health – or is it line managers and higher? And also on the public and patient participation, how much opportunity does the general public and the third sector get to help?

EH advised that the staff engagement group is made up of CCG staff, and so not whole system. It was noted that the group had people from all directorate and had people from all different grades.

SC advised that the CCG was always open to suggestion about how it can better connect with communities, and worked hard to try and use local media. It was noted that it was disappointing that very few good news stories got picked up by the media, which would have encouraged more people to engage with the CCG. JC advised that it was challenging to try to engage with the local community, and that the CCG didn't rely on Healthwatch or CVS to the work for them. It was advised that work was done to plug into other local groups and networks to try and advertise opportunities for people to get involved, and that social media was used a lot. JC encouraged Evelyn to share any ideas for how to better engage with the third sector after the meeting. LH noted that it was a challenge to get good news across as certain groups often responded in a negative fashion no matter what information as given, for example not accepting it or trusting it. JC advised that with co-production work, the CCG was trying to ensure that all of

the information that people needed would be on the CCG's website in one place, where it would be regularly updated. This would allow people to check for information themselves. It was noted that it may take a while for the page to get established.

Jon Ward

Agenda Item 11 – Healthcare For The Future Update Report on Recommendations from the 8 March 2017 Meeting

Co-production is at an early stage and so it is difficult to assess how well it is going. However, does the CCG intend to ask participants for information about any problems or concerns that are developing. I don't want to be critical, but there are people that have little niggling problems and it seems worthwhile for you to ask about what might be a problem, in order to nip it in the bud.

SC advised that the CCG was keen to learn from the early weeks. It was noted that co-production was more than just the Working Together Steering Group, and that the CCG were going to use the group and what they learned from that, where appropriate, to form a systematic way of using co-production across the community. It was noted that it would be helpful to pick this up when the Group visited the Success Criteria for the Terms of Reference in the near future, and that it would be useful for the Terms of Reference to outline review stages where the participants would gather intelligence on this and use it.

Regarding the Royal College of Anaesthetists report – it would be helpful for the report to be shared with the people involved in co-production as soon as possible.

DR advised that the report would be made publically available via North Cumbria University Hospital Trust (NCUHT) website later in the week (see link below).

<http://www.ncuh.nhs.uk/news/2017/August/royal-college-report-reflects-challenges-for-west,-north--east-cumbria.aspx>

Regarding the section of the report for the agenda item that discusses 'Phase 3 of Section 4', can you confirm that the phrase: "Co-production final report" does not signal the end of co-production?

SC confirmed the phrase did not signal the end of co-production.