

NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF ANNUAL GENERAL MEETING
Wednesday 7 October 2015, 17:00
Stoneybeck Inn, Bowscar, Penrith. CA11 8RP

Present:

Members of the Governing Body

Hugh Reeve	Interim Chief Clinical Officer (HR)
Ruth Gildert	Registered Nurse (RG)
Les Hanley	Lay Member (Health Improvement) (LH)
Geoff Jolliffe	Interim Clinical Chair (Chair) (GJ)
Rachel Preston	Locality Lead GP representative for North Cumbria
David Rogers	Medical Director
Charles Welbourn	Chief Finance Officer
Anthony Woodyer	Secondary Care Doctor

Observers:

Sue Stevenson	Healthwatch Cumbria
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CCG Officers

Julie Clayton	Head of Communication & Engagement
Peter Rooney	Director of Planning & Performance
Brenda Thomas	Governing Body Support Officer

Members of the Public

Evelyn Bitcom
Paul Mullin

AGM 01/15 AGENDA ITEM 01: Chairs Welcome

The Chair welcomed everyone to the meeting and the following Officers introduced themselves:-

- Dr Geoff Jolliffe - Interim Clinical Chair
 - Dr Hugh Reeve - Interim Chief Clinical Officer
 - Charles Welbourn - Chief Finance Officer
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AGM 02/15 **AGENDA ITEM 2: The Annual Report 2014/15 and The Annual Accounts 2014/15**

The Chair advised that the CCG was:

- A Membership Organisation consisting of 81 Member Practices in Cumbria and one in North Yorkshire
- Six Localities across the County: Allerdale, Carlisle, Copeland, Eden, Furness and South Lakes
- Budget of c£700m – serving over half a million people
- Responsible for commissioning the majority of healthcare services to meet the needs of the population

The Chair advised that 2014/15 had been another challenging year, including the following issues:

- Continued serious quality issues which had required national intervention
- Significant financial problems
- Major recruitment issues which had resulted in it being difficult in sustaining some services

In response to these issues, the CCG was working in partnership with all our local Stakeholders to support the following four major programmes of work:-

- Better Care Together – national Vanguard site
- Together for a Healthier Future – subsequently part of the Success Regime
- General Practice Development programme
- Mental Health Strategy

All of which were underpinned by the CCG's Five Year Strategic Plan.

The following performance challenges were highlighted:

- NHS Constitution Rights and Pledges
- By March 2015 – only 5 of the 24 system wide standards had been achieved
- Plans in place to ensure further significant improvements
- Improvements needed on:
 - Cancer Care Pathways
 - Urgent and emergency care pathways
 - Elective care pathway

The following steps to improve quality had been undertaken:

- An independent review on the best future configuration of Maternity Service by the Royal College of Obstetricians and Gynaecologists, and the review led by Sir Bill Kirkup in Morecambe Bay
- CQC review of North Cumbria Hospitals Trust showed significant improvements
- University Hospitals of Morecambe Bay Trust – significant improvement in level of confidence of hospital staff in their services. The outcome of the CQC report was still awaited

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- CQC reviews of general practice – so far three practices found to be outstanding
 - CLIC – has had direct contact with over 2000 people working in health and social care in Cumbria. This has attracted over £0.5m of external funding to support training and they were playing a significant part in the major service transformation programmes
 - Measuring patient experience – The launch of the Cumbria patient feedback system in partnership with “I Want Great Care” has taken place

Charles Welbourn (CW) gave a presentation on the Accounts & Financial Review for 2014/15 highlighting the following key points:

- Accounts prepared on common basis for all CCGs nationally
- Prepared on a “going concern” basis
- Received Unqualified Audit Report: The accounts show a true & fair view of the CCG’s finances for 2014/15
- The CCG received no capital resources during 2014/15 – and incurred no capital expenditure
- Finished the financial year with an operational surplus of £5m

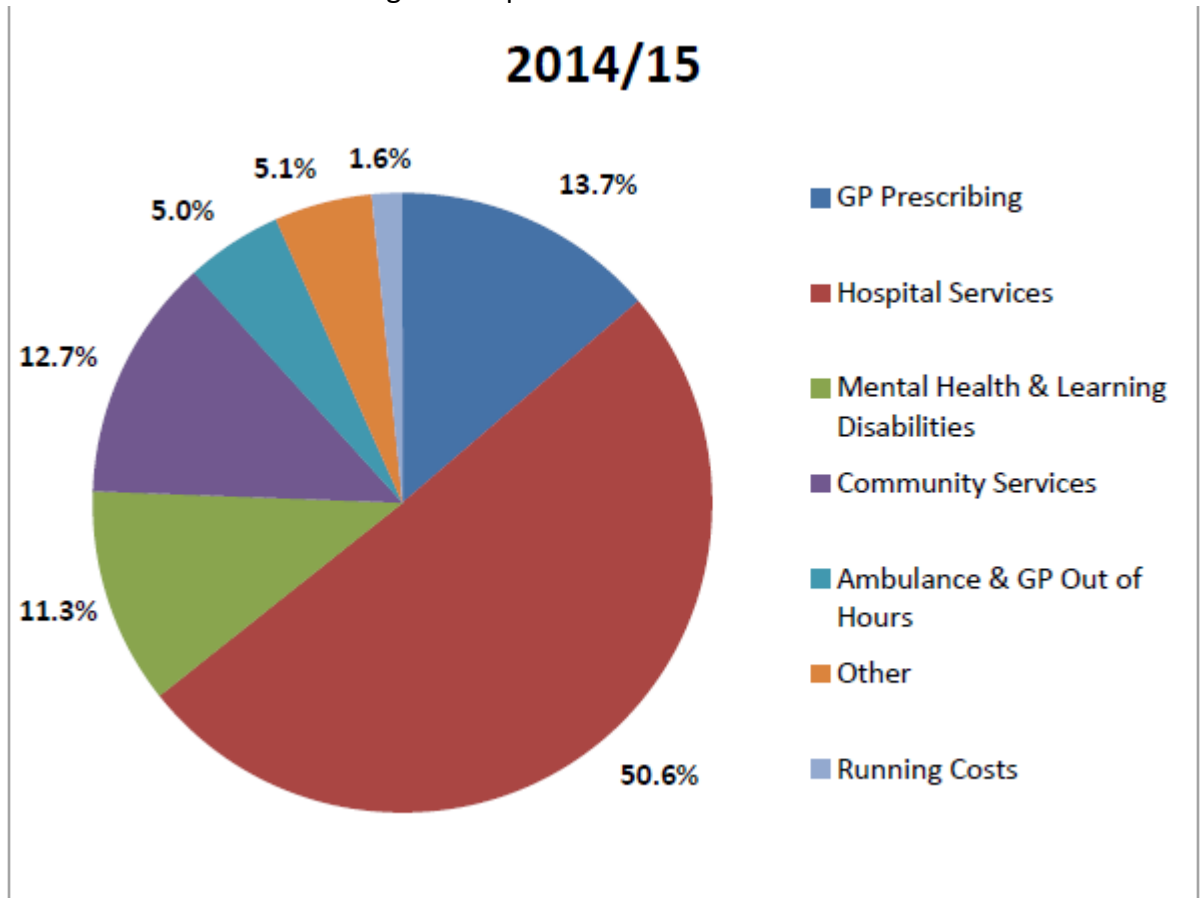
He also advised that the CCG achieved the following targets:

- Revenue Resource use not to exceed amount specified in Directions
- Administration resource not to exceed amount specified in Directions
- Capital Resource use not to exceed amount specified in Directions
- Better Payments Practice Code

CW outlined a background to the CCG's finances as follows:

- Allocation of circa £700 million for health care for c530,000 registered patients
- Separate running cost allowance (per capita) of £13.4million to be reduced in 2015/16
- Achieved a surplus of £5 million in 2014/15 in line with the financial plan agreed with NHS England

CW advised that the CCG budget was spent as follows:



CW then outlined the significant financial challenges as follows:

- Hospital activity significantly greater than expected, both in terms of emergency admissions & waiting list activity
- Increased activity growth of £4.6m in non-NHS providers (Continuing Health Care & Independent Sector)
- Increased pressures of £2.4m in primary care prescribing
- £1m contribution to NHS England's CHC risk pool scheme

AGM 03/15 **Questions from Members of the Public present**

In response to a comment from a member of public advising that there appeared to be a lot of waste on medication the following comments were made:-

GJ advised that the CCG were trying very hard to drive down waste in the system. This included working with the primary care communities and members of the public.

In response a member of the public advised that there needed to be better conversations with patients including outlining what the side effects of some drugs could be as this would avoid waste.

A member of the public stated that the GP federations would be effective in helping to support the management of prescribing and could help focus on the outcomes.

The meeting closed at 17:47