

**CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE GOVERNING BODY MEETING
HELD AT 14:00, ON 15 AUGUST 2013
CLEATOR MOOR CIVIC AND MASONIC CENTRE
MARKET SQUARE, CLEATOR MOOR, CA25 5AR**

Present:	Ruth Gildert Geoff Jolliffe Les Hanley Nigel Maguire Hugh Reeve Jon Rush Peter Scott Anthony Woodyer	Clinical Member – Registered Nurse (RG) Locality GP Lead for South of the County (GJ) Lay Members (Health Improvement) (LH) Chief Officer (NM) NHS CCG Chair (Chair) (HR) Lay Member (Patient Engagement) (JR) Lay Member (Finance and Governance) (Vice-Chair) (PS) Clinical Member – Specialised Secondary Care Doctor (AW)
In Attendance:	Anthony Gardner Mark McAdam Tracey Proctor Peter Rooney Brenda Thomas	Network Director South (AG) Communications Manager (MM) Head of Financial Systems & Economic Development (TP) Director of Planning and Interim Director of Performance (PR) Governing Body Support Officer (BT)
Observer:	Andrew Mason	Local Medical Committee (LMC)

GB 44/13 Welcome and Apologies

Action

The Chair welcomed everyone to the meeting. Apologies were received from Charles Welbourn, Chief Finance Officer.

GB 45/13 Declarations of Interest

There were no declarations of interest.

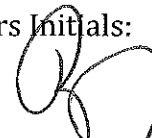
GB 46/13 Minutes of the Governing Body Meeting Held on 20 June 2013

RESOLVED: The minutes of the above meeting be agreed as an accurate record.

GB 47/13 Questions from members of the public present

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

Chairs Initials:



GB 48/13 Chair & Chief Officers Update Report

NM presented the report.

Resolved: The update be noted.

GB 49/13 Quality Report

DR presented the report highlighting key areas of concern. In response to comments being sought from the Governing Body on the future template of the report, JR advised that he considered that the document had developed well and the content of the report was informative.

Resolved: The report be noted.

GB 50/13 Chief Finance Officer's Report

TP presented the report.

Proposed by Peter Scott, seconded by Jon Rush.

Resolved:

1. The budget position for 2013/14 be noted
 2. The establishment of an Interim Finance Committee and the proposed agenda items for the September meeting be approved
 3. The financial position reported at June 2013 be noted
 4. The potential impact of a comprehensive spending review and the establishment of a joint working approach with Cumbria County Council be noted
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Performance Report

PR presented the report. In response to various questions PR confirmed that the CCG was working closely with NHS England and the three Trusts to ensure areas currently showing as under-performing were improved.

Proposed by Les Hanley, seconded by Ruth Gildert.


Resolved:

1. The performance against the national standards and the implications of this performance be noted
 2. The self-assessment for Domain 1 (Quality) of the Framework be approved
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GB 51/13 Corporate Objectives Report

PR presented the report.

Chairs Initials:



Proposed by Peter Scott, seconded by David Rogers.

Resolved:

1. The corporate objectives attached to the report be approved
2. Progress reports on the delivery of the corporate objectives be presented to future Governing Body meetings

GB 52/13 111 Update Report

PR presented the report. Concern was expressed that due to local and national publicity regarding the 111 service, members of the public may be confused as to which number should be dialed in the event of out of hours care being required. Therefore it was suggested that consideration be given by officers as to whether further local publicity should be undertaken stating the Cumbria out of hours telephone number.

Resolved: The report be noted.

GB 53/13 Kendal Nursing Home Pilot

AG presented the report. He also detailed the process which had been undertaken to ensure that any potential conflicts of interests had been managed.

Proposed by Anthony Woodyer, seconded by Jon Rush.

Resolved: The proposed investment to improve the quality of care for older people in care homes in South Lakes be approved.

GB 54/13 Keogh Report

DR presented the report and advised the Governing Body that the Outcomes & Quality Assurance Committee would monitor the progress in the delivery of the Keogh Review action plan.

Resolved: The report be noted.

GB 55/13 CLIC

HR presented the report.

Proposed by Les Hanley, seconded by Anthony Woodyer.

Chairs Initials:



Resolved:

1. Approval be granted for the CCG to work collaboratively with its Cumbria partners in health and social care to commission and develop the Cumbria Learning & Improvement Collaborative in line with the timetable detailed in the report
2. Approval be granted to invest £0.5m per year (commencing in 2013/14) for the next three years

GB 56/13 Communications and Engagement Strategy

JR presented the report.

Proposed by Geoff Jolliffe, seconded by David Rogers.

Resolved:

1. The Communication and Engagement Strategy appended to the report be approved
2. The implementation of the strategy be reviewed on a six monthly basis by the Governing Body

GB 57/13 Integrated Health and Social Care Pioneer

HR notified the Governing Body that since the circulation of the above report Cumbria had been advised that its expression of interest to be a pioneer for Health and Social Care Integration had been unsuccessful. Whilst still awaiting formal notification and feedback on the expression of interest submitted, HR and RP outlined that it was still important to proceed with the direction of travel for integrated health care in Cumbria contained in the report.

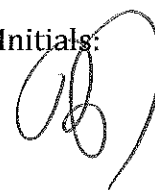
Resolved: The direction of travel for integrated health and social care contained in the report be supported.

GB 58/13 Minutes of:

Locality Executives:

- Allerdale
 - 09 May 2013
 - 27 June 2013
- Carlisle
 - 24 April 2013
 - 22 May 2013
- Copeland
 - 23 May 2013
 - 27 June 2013

Chairs Initials:



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- Eden
 - 23 May 2013
 - 27 June 2013
 - Furness – 8 March 2013
 - 10 May 2013
 - South Lakes
 - 02 May 2013
 - 06 June 2013

Cumbria CCG Executive 20 June 2013

Resolved: The above minutes be received for information.

GB 59/13 Urgent Items of Business

There were no urgent items of business.

GB 60/13 Questions from Members of Public Present

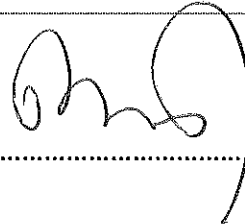
The questions and answers from members of the public are contained in Appendix 1.

GB 61/13 Date and Time of the next meeting:

The next meeting of the Governing Body be held on Thursday 17 October 2013 at a venue yet to be determined in the Carlisle area.

The meeting closed at 17:05.

Signed.....



Dated: 17 October 2013
Dr David Rogers
Acting Chair

Chairs Initials:

Questions & Answers from Members of the Public – Agenda Item 1

Alan Alexander

Hospital Mortality:

Following the 1 year mortality analysis by the NCUHT they were going to implement further analysis under the auspices of Dr Jeremy Rushmer to see whether the new scheme of accelerated care for deteriorating patients was successful. Has the CCG been made aware of any results and do they intend to pursue whether any improvements to mortality have been made?

In response David Rogers advised that when a change of pathways was undertaken it takes time to collate and evaluate the data. He further advised that all Trusts provide data to a National System and the CCG receive regular updates.

Hugh Reeve also advised that the CCG has monthly contract meetings with all the Trusts and monitor performance and in addition both officers and members of the Governing Body undertake ward inspections.

Evelyn Bitcon

The Future of Mental Health & Well Being in Cumbria

Prior to the meeting Evelyn Bitcon submitted a copy of a question she had sent to the CCG by e-mail in July 2013 which asked specific questions regarding the Mental Health Sub Group. Nigel Maguire apologised that a formal response had not been sent and advised that he would ensure this was sent out no later than 29 August 2013.

Chairs Initials:



Questions & Answers from Members of the Public – Agenda Item 2

Neil Robinson

Actions from Quality report:

The CCG collate data and produce a Quality report. However the outcomes from that report do not appear to be reported back to the Governing Body – what processes are in place to ensure issues reported in the Quality report are monitored?

In response David Rogers advised that it depended on the level of risk and gave examples of what action could be taken – eg an incident considered high risk could result in a Chief Executive ordering a full investigation.

Liz Clegg

Given the publicity regarding NHS Direct can you please advise who the public should phone in place of them and does it still have the same number?

Hugh Reeve advised that when the NHS Direct number was called a recorded message stated that the service was no longer available in this area and redirected people to call NHS 111. Within Cumbria people were being advised to call their GP surgery or Cumbria Health on Call (CHoC) direct for out of hours GP services.

Regarding the reduction in costs of care homes, who will be picking up the costs?

Hugh Reeve explained that there would be a 30% reduction in the number of medications prescribed. Other areas for savings would also be investigated such as changing prescriptions and reviewing situations where patients have been placed in care homes when there may be an alternative which would be more beneficial to the patient.

Alan Alexander

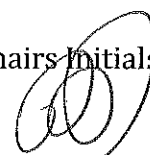
NHS Cumbria has committed to taking on a limited service using the 111 telephone number - how can you have just limited service for the 111?

Hugh Reeve confirmed that the CCG intended to purchase a full 111 service to the national requirements, but would encourage patients to call Cumbria Health On Call out of hours.

Evelyn Bitcon

Are there plans to use voluntary organisations to help build resilience within localities?

Chairs Initials:



In response Geoff Jolliffe advised that it was important that the localities work closely and utilise the assets within its localities. Work evolving through the Health & Wellbeing Board will ensure that closer working links are made through 3rd Sector organisations.

Lorraine Anning

How are people with mental health problems that are known to GPs but not the Trusts going to be included in the external review of mental health services?

In response Peter Rooney advised that a different kind of review was required for people who only ever used primary care to have their mental health needs met. The issues that would be looked at in primary care were:

- people that do not need secondary care now but will do in the future;
- 'step up, step down' services between primary care and secondary care; and
- people in secondary care that come back to primary care.

These would all be included in the external review.

In addition to the above questions it was suggested that the CCG consider the use of microphones at future meetings and the Governing Body Papers be available throughout all localities.

In response it was agreed that the CCG would consider how they could improve public engagement in the areas as specified above.

Chairs Initials:

