

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF THE GOVERNING BODY MEETING**

Wednesday 4 June 2014, 13:00

Stonebeck Inn, Bowscar, Penrith, CA11 8RP

Present:	Hugh Reeve Ruth Gildert Les Hanley Geoff Jolliffe Nigel Maguire Rachel Preston Jon Rush David Rogers Peter Scott Charles Welbourn Anthony Woodyer	Clinical Chair (Chair) (HR) Nurse Member (RG) Lay Member (Health Improvement) (LH) Locality Lead GP for the South of the County (GJ) Chief Officer (NM) Locality Lead GP for the North of the County (RP) Lay Member (Patient Engagement) (JR) Medical Director (DR) Lay Member (Finance and Governance) (PS) Chief Finance Officer (CW) Consultant Member (AW)
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Observers:	Martin John Sue Stevenson	Local Council of Members Observer (MJ) Healthwatch Cumbria (SS)
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In Attendance: For Item 8 only For Item 10 only	Kieron Bradshaw Colin Cox Louise Mason Lodge Karen Morley-Chesworth Peter Rooney Brenda Thomas	Administrator (KB) Director of Public, Cumbria County Council (CC) Designated Nurse for Safeguarding (LML) Communications Officer (KMC) Director of Planning & Performance (PR) Governing Body Support Officer (BT)
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GB 41/14 Agenda Item 1: Welcome and Apologies

The Chair welcomed everyone to the meeting. A special welcome was given to Dr Rachel Preston, Lead GP for the Eden locality, who has been newly elected to the Governing Body as a GP member for the north of the County.

GB 42/14 Agenda Item 2: Declarations of Interest

There were no declarations of interest.

GB 43/14 Agenda Item 3: Minutes of the Governing Body Meeting held on 17 April 2014

Resolved: The minutes of the above meeting were agreed as an accurate record subject to the following amendment:-

Page 7, Item GB 37/14 – Locality Minutes – Discussion took place regarding the attendance of Lay members at Locality Executive meetings and NM confirmed that each Locality would be recruiting a Lay member to the Membership of its Locality Executive.

GB 44/14 **Agenda Item 4: Questions from members of the public present**

Questions and answers from Members of the Public are contained in Appendix 1.

GB 45/14 **Agenda Item 5: Chair & Chief Officers Update Report**

NM presented the report highlighting the key issues.

Millom Network (Community) Centre

In response to a question from JR NM advised that a communications and engagement strategy needed to be developed to ensure that when similar incidents occurred in the future the CCG could provide effective communication to the public.

SS advised that the strategy would need to provide for feedback from the public and once received this data would need to be analysed and reflected upon.

Resolved: The report be noted

GB 46/14 **Agenda Item 6: Annual Accounts & Annual Report**

CW presented the report advising that the Accounts and Annual Report had been completed in line with the guidance from NHS England. He also detailed how the section on Pension Benefits had a number of underlying factors which were not solely reflective of the contributions relating to the CCG and needed to be taken in context. The level of surplus was reported along with the details of additional funding made to both North Cumbria University Hospitals Trust (NCUHT) and the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) in the current financial year.

It was confirmed that once approved both the Annual Accounts and the Annual Report would be published on the CCG Website.

All Members of the Governing Body present at the meeting confirmed that:

“As far as he/she was aware there was no relevant audit information of which the CCG’s auditors were unaware. He/she had taken all of the steps that he/she ought to have taken as a member of the Governing Body in order to make himself/herself aware of any relevant audit information and to establish that the CCG’s auditors were aware of that information.”

Proposed by Peter Scott, seconded by Jon Rush

Resolved: The Annual Accounts and Annual Report be approved

PS commended the work of the Finance Team in undertaking the work involved to produce the annual accounts.

GB 47/14 **Agenda Item 7: Board Assurance Framework & Risk Register**

CW presented the report detailing the process which had been undertaken to produce the Risk Register.

In response to a question from JR CW advised that a process update report would be presented to the Governing Body at its August meeting.

Members acknowledged the requirement to ensure that there were robust processes in place to assure that the risks in relations to the CCG's corporate objectives were taken seriously and managed effectively.

The Chair confirmed it was important that the Localities identified and managed risk and that these were fed into the corporate Risk Register.

Proposed by Les Hanley, seconded by Rachel Preston

Resolved:

1. The Board Assurance Framework (shown in Appendix 1) be approved
2. The process for taking the Board Assurance Framework and Risk Register forward be noted

Agenda item 8 was deferred as Colin Cox, Director of Public Health from Cumbria County Council was delayed due to his attendance at an earlier meeting.

GB 48/14 **Agenda Item 9: Basal Analogue Insulin**

DR presented the report advising that National Institute for Health and Care Excellence Guidance had been received advising that other insulin were available which were just as effective and these should, where appropriate, be prescribed.

In response to a question from LH DR confirmed that the patient's regime would not be affected as it was only the item prescribed that would change. He also confirmed that the proposed changes would be disseminated to local diabetes groups.

Members were advised that GP practices would receive funding based on delivering the changes required. However in order to achieve this Practices would incur additional cost to provide staff training and achieve change.

In response to a question CW confirmed that savings achieved in switching to this prescription would not go to the Practices but would be used to provide services in other areas.

Proposed by Anthony Woodyer, seconded by Les Hanley

Resolved:

1. The proposal to reduce prescribing of basal analogue insulin be approved
2. The model of delivery for the Allerdale and Copeland Localities be approved

AW commended the work which had been undertaken to produce this report.

GB 49/14 **Agenda Item 10: Children’s Safeguarding Annual Report**

LML entered the meeting.

LML presented the report advising that it marked the end of the first year of a five-year plan to improve the safeguarding of children in Cumbria. Discussion took place regarding the contents of the report and Members advised that they felt assured that significant improvements were being achieved. However it was acknowledged that there was still further work to be undertaken.

NM advised that the high quality of the report reflected the priority that the CCG had given to safeguarding children.

In response to a question from the Chair LML explained that the rise in the number of children in protection in Cumbria reflected the increased awareness of risk to the safety of children. In addition new processes had been introduced across care organisations in Cumbria which ensured staff were more proactive. The increased figures also reflected national changes in serious cases.

LML acknowledged the volume of work that Dr Neela Shabde, Clinical Director of Children's Commissioning and Dr Nicola Cleghorn, Designated Doctor for Safeguarding Children had undertaken to raise the profile of the CCG’s actions to safeguard children.

Proposed by Ruth Gildert, seconded by Jon Rush

Resolved:

1. The Annual Report be received
2. The priorities of the CCG in respect of safeguarding children for 2014/2015 be endorsed

GB 50/14 **Agenda Item 11: Governance Arrangements**

CW presented the report highlighting the key changes in the CCG’s working arrangements. It was also confirmed that, subject to approval by the Full Council of Members on 19 June 2014, an additional Lay Member with third sector organisational experience would be recruited to the Membership of the Governing Body.

LH observed that NHS Cumbria CCG’s Governing Body had a larger number of Lay and Clinical Members than other CCG’s in the North.

The Chair asked Members to note the following amendments:

- Page 2 of the Covering Report: the word “amendments” needs to be added on the third line down to read “(together with any necessary consequential amendments which may be required e.g. numbering of sections etc)”.
- Working Arrangements, page thirteen - the Locality Executive Membership be amended to include a Lay member for each Locality. This should also be reflected in all the Locality Executive Terms of Reference.

In response to a question from RP NM confirmed that with the exception of slight variations in the membership the Locality Executive Terms of Reference should be the same and advised that he would ensure that they were amended prior to submission to the Full Council of Members for approval.

Proposed by Les Hanley, seconded by Rachel Preston

Resolved:

1. Subject to the above amendments being made the changes detailed in the report and the appendices be recommended for approval by the Full Council of Members on 19 June 2014
2. Delegated authority be given to Nigel Maguire and Charles Welbourn to review and amend the Locality Terms of Reference for consistency prior to submission to the Full Council of Members

GB 51/14 **Agenda Item 12: Children Looked After Update Report**

This was included in agenda item 10.

GB 52/14 **Agenda Item 13: Register of Interests**

CW presented the report advising that all necessary checks had been made to ensure that the CCG was meeting its requirements under Chapter 7, Section 140 of the Health and Social Care Act 2012.

Members were asked to note that one GP declaration had not been completed and this was being addressed. However the CCG was confident that the individual was not directly involved in the commissioning of CCG services.

Resolved: The contents of the Register of Interests be noted

GB 53/14 **Agenda Item 14: Quality Report**

DR presented the report advising that there was a significant amount of work being undertaken both within the CCG and partner organisations to ensure safe and effective delivery of care in the Nursing Home sector.

JR advised that the ongoing site visits being undertaken by the CCG provided an opportunity to work with provider colleagues and speak to patients to see firsthand what was happening on the front line of healthcare provision in Cumbria. JR also commended all staff involved in the site visits, referring both to CCG staff for organising the visits, and to healthcare providers for providing detailed information and for facilitating the visits.

It was also noted that prior to the submission of the Quality report to the Governing Body it is considered in detail by the Outcomes & Quality Assurance Committee.

Resolved: The report be noted

GB 54/14 **Agenda Item 15: Performance Report**

PR presented the report. Discussion took place around how the CCG would address issues if Trusts were continually not achieving the required standards. PR confirmed that the Finance and Performance Committee had agreed that it would be examining in detail various issues such as Cancer referral waiting times etc. This would include considering what action the CCG could take to support the Trust. In addition, if considered necessary, the Governing Body could request a meeting with the relevant Trust Boards to raise its concerns.

Resolved: The performance against the national standards and the implications of this performance be noted

GB 55/14 **Agenda Item 16: Finance Report**

CW presented the report.

Discussion took place regarding out of hospital investment. Members noted that any allocation of funds to GP practices would need to be scrutinised by the CCG and then signed off by NHS England.

In response to a question from JR discussion took place around how the CCG informs third sector organisations when looking to commission services such as those specified in the report. PR confirmed that there was a process in place for how services are commissioned from third sector organisations. SS suggested that the Third Sector Executive also help facilitate and improve the engagement in this area.

In relation to the sale of Tenterfield, Kendal CW confirmed that the CCG would not receive any monies as it did not own the property.

Proposed by Geoff Jolliffe, seconded by Peter Scott

Resolved:

1. The allocation of the investment funding and the proposed assurance process for direct GP practice expenditure be approved
 2. The potential risk and mitigation approach to the prescribing budget be noted
 3. The signing of the sub-lease for Enterprise House be ratified
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GB 56/14 **Agenda Item 17: Developing an Informatics Strategy to Support the 2 to 5 Year Strategic Plan and Operational Plan**

DR presented the report.

In response to a question from JR CW confirmed the funding arrangements and the process which had been undertaken to develop this project. It was also confirmed that this was a Cumbria wide project involving various organisation and being supported by the Cumbria Health and Care Alliance.

SS and RG observed the benefits of a single patient record system from the perspective of the patient, with regards to reducing waste and avoiding duplication

when communicating with the patient.

Resolved: The report be noted

GB 57/14 **Agenda Item 8: Minimum Unit Alcohol Pricing**

Due to CC having been delayed PR presented the report. Members were advised that the Governing Body was being asked to support the concept of the introduction of minimum alcohol unit pricing not formally approve it.

CC joined the meeting and was introduced and welcomed by the Chair.

Discussion ensued and concern was raised about the CCG being seen to be lobbying for legislation change. In response NM confirmed that this was within the remit of the Health and Wellbeing Board and it was seeking its Member organisations views on this. As a Member of that board the CCG should determine whether or not it could support the introduction of minimum alcohol unit pricing in Cumbria.

Further debate took place and it was agreed the CCG could support this concept only as part of a wider strategy.

Proposed by Jon Rush, seconded by Ruth Gildert

Resolved: The CCG support the principle for a minimum alcohol unit price subject to it forming part of a wider strategy to reduce alcohol abuse and achieve a reduction in harm

GB 58/14 **Minutes of:**

Audit Committee

- 26 February

Clinical Leads Group:

- 20 March 2014
- 17 April 2014

Locality Executives:

Allerdale:

- 27 March 2014
- 24 April 2014

Carlisle:

- 26 March 2014

Copeland: 2

- 7 March 2014
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Eden:

- 27 March 2014

Furness:

- 14 February 2014

South Lakes:

- 6 March 2014
- 3 April 2014

Outcomes & Quality Assurance Committee

- 21 March 2014
- 25 April 2014

Resolved: The minutes be received for information

GB 59/14 **Any other urgent items of business**

There were no urgent items of business.

GB 60/14 **Questions from Members of Public Present**

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

GB 61/14 **Date and Time of the next meeting:**

Wednesday 6 August 2014 commencing at 13:00, venue to be confirmed.

The Chair also advised that the CCG's Full Council of Members meeting would take place on 19 June 2014 at the Rheged Centre commencing at 16:30 and members of the public were invited to attend.

The meeting closed at 16:40

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

Neil Hughes – Eden Locality Lay Member

Can the CCG advise on the £47m distress funding which has been granted to North Cumbria University Hospital Trust.

CW confirmed that distress funds were used to enable providers to function when they were in financial hardship. NM advised that the subject would be covered in more detail during Agenda Item 5: Chair & Chief Officers Update Report, noting that a long term solution needs to be found to the problem.

Questions and Answers from the Public – Agenda item 19

John Humphries - Agenda Item 9 - Basal Analogue Insulin

Regarding the proposal to reduce the prescribing of basal analogue insulin and reinvest the resource into developing high quality diabetic care, what will be happening in the south of the County?

The Chair advised the expenditure in the South of the County was much nearer the national average spend in this area. Hence the current proposal was being concentrated in the north of the County where the spend was much higher. However if successful in the north the CCG would assess the merits of rolling out in the South.

Evelyn Bitcom

- Agenda Item 8 – Minimum Alcohol Unit Pricing

Regarding the initiatives discussed during Agenda Item 8 to tackle alcohol abuse, are there any special initiatives in place to accommodate high risk groups and vulnerable people?

CC noted that the proposed change won't on its own help reduce alcohol abuse. However he advised that the introduction of minimum alcohol unit pricing would form part of an integrated plan that would include a review of overall services to identify other help that would be required to be put into the systems to tackle alcohol abuse. He also advised that there was a need for education on the detrimental effects of alcohol consumption for all ages.

Agenda Item 16 – Finance Report

If we have to “Do More with Less (£)” we really must engage genuinely with the 3rd sector and the public to ensure parity of esteem and value for money services and enable prevention and resilience in communities. Oxfordshire Mind’s Well Being Service is worth a look, for help with developing communities, access to Information, outreach, peer support and much more. Community Champions and Expert Patients Programmes are used in other parts of the country, e.g. Manchester, and have been supported and developed further into worthwhile support services in the communities helping to build resilience, and are supported by volunteers. They were tried here and then funding was removed. Because of our rurality and geography, including our JSNA, we must make the political case for rurality and engage and work alongside all

stakeholders in our localities working together round the same table. We must look at the assets in our communities and follow a genuine ABCD Model or the future of health & social care.

The Chair thanked Evelyn for this information and advised that he would seek further information regarding the services provided by third sector organisations, particularly the ones detailed above.

Agenda Item 10 - Children's Safeguarding Annual Report

It appears that training budgets have been cut previously and cut further due to current financial restraints; this seems to include Adult Safeguarding also? Obviously from previous regulator concerns and as early interventions are important, seamless services and networking are crucial - should these budgets & training schedules be protected? I hear the local long term Trainer is leaving and not being replaced? Bearing in mind the abuse cases in local Care Homes do we need to be encouraging "whistle blowing" and improving our ongoing training?

NM noted that the elements above regarding cuts being made to funds for safeguarding training seemed to be referring to changes in another organisation as opposed to the CCG. NM advised that NHS Cumbria CCG have a very high level of safeguarding training. However these concerns would be raised through the Cumbria Health and Care Alliance.

DRAFT