

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

Wednesday 3 August 2016, 13:00
Energus, Blackwood Road, Lillyhall,
Workington, Cumbria CA14 4JW

Present:	Ruth Gildert Geoff Jolliffe Les Hanley Rachel Preston Hugh Reeve David Rogers Jon Rush Peter Scott	Registered Nurse (RG) Interim Clinical Chair (Chair) (JG) Lay Member (Health Improvement) (LH) Lead GP Representing the North of the County (RP) Interim Chief Clinical Officer (HR) Medical Director (DR) Lay Member – Public Engagement (JR) Lay Member – Finance & Governance (Chair) (PS)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Kieron Bradshaw Brenda Bragg Julie Clayton Anthony Gardner Helen King Caroline Rea Eleanor Hodgson	Communications Assistant (KB) Administrator (BB) Head of Communications (JC) Network Director (AG) Director of Nursing & Quality (HK) Director of Primary Care (CR) Director for Children and families (EH)
Item 8 Only	Louise Mason Lodge	Designated Nurse for Safeguarding (LML)
Item 12 Only	Alison Clegg	Head of Performance (AC)
Item 13 Only	Tracey Procter	Head of Financial Planning and Strategy (TP)

GB 20/16 AGENDA ITEM 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting.

Apologies were received from Charles Welbourn, Chief Finance Officer, and Peter Rooney, Chief Operating Officer.

GB 21/16 AGENDA ITEM 02: Declarations of Interest

Geoff Jolliffe declared a pecuniary interest in Item 7 as a member of a practice that is involved in the Alfred Barrow development.

GB 22/16 AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 3 February 2016 & Action Log

Update: action reference 05/16-17 on the action log is now complete.

Resolved: The minutes of the meeting and the action log be approved as a true record.

GB 23/16

AGENDA ITEM 04: Questions from members of the public present

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

GB 24/16

AGENDA ITEM 05: Interim Clinical Chair & Interim Chief Clinical Officer's Report

The report was presented by HR.

Discussion ensued regarding NHS Cumbria CCG's assurance rating. Following a question from SS, HR discussed the various actions that the CCG was taking to make improvements. These included:

- an agreed action plan with NHS England following an organisation development review
- changes to the leadership of the CCG, including appointing a permanent Chief Operating Officer, and seeking to appoint a permanent Chief Officer

He also advised that further actions were being taken to address the CCG's capacity in terms of working across two systems as well as continuing to address its finance pressures.

Discussion also took place about the Digital Roadmap, and in particular how it will be coordinated across Cumbria. HR advised that Community Services provided by Cumbria Partnership NHS Foundation Trust (CPFT) along with every GP practice in Cumbria would soon be using the same IT system, EMIS. It was noted that this would improve communication and consistency across healthcare providers in Cumbria, as well as giving the opportunity for patients to access to their own records, online booking systems and lab results.

Resolved: The update be noted.

GB 25/16

AGENDA ITEM 06: NHS Cumbria CCG and Lancashire North CCG Commissioning Arrangements

HR presented the report detailing the process the CCG had undertaken to date and advising what the next steps would be.

Discussion ensued around the potential risks of the proposal and what actions would be taken to mitigate those risks.

JR noted that the names of the CCGs could be an area of contention should the proposed changes go ahead.

LH expressed concern that the proposed changes could impact on where patients in West Cumbria accessed health services. HR and CR confirmed that data regarding patient flow from practices had been analysed, and that the boundary change would not change the point of access to healthcare for patients.

Discussion ensued around succession planning for the organisation should the proposed changes go ahead. In particular around the potential risk that there would be insufficient Clinical Leadership retained in the north of the County. In response it was advised that transitional arrangements would include ensuring that the necessary level of expertise was put in place.

In response to a question regarding the timeline for the proposed changes, HR advised that this was due to the fact that NHS England starts the process to allocate CCG funding allocation in September each year. Therefore in order to ensure that if the proposed changes went ahead they could be effective from 1 April 2017, approval had to be sought from NHS England prior to the allocation process starting.

Concerns were also expressed around the cost of the transition process. Whilst it was acknowledged that there would inevitably be transition costs, the process would be done as efficiently as possible. NHS England would be providing additional support to both CCG's to facilitate these changes. It was also noted that the CCG was operating well within its allocated management costs and so had capacity within that budget for the transition.

Resolved: The report be noted.

GB 26/16

AGENDA ITEM 07: Alfred Barrow Development

The item was chaired by PS, as GJ had declared an interest in Alfred Barrow.

AG presented the report and provided an update on the Alfred Barrow development.

The Governing Body was asked to delegate approval of the Alfred Barrow Full Business Case to the Finance & Performance Committee. This was in order to keep work on the developments moving, as they would be further delayed if they had to go to a later Governing Body meeting.

Proposed by: Les Hanley, seconded by Jon Rush

Resolved: Approval of the Alfred Barrow Full Business Case be delegated to the Finance & Performance Committee.

GB 27/16

AGENDA ITEM 9: Healthwatch Cumbria Success Regime Engagement Report

GJ resumed as Chair of the meeting.

This item was brought forward as LML was unable to attend at the originally scheduled time to present the report for Agenda Item 8.

The report was presented by SS.

It was highlighted that because people completing the survey picked areas that they felt most strongly about and left other areas blank, there were a large number of questions in the report listed as having no response.

JR noted the hard work that Healthwatch had done, along with the Success Regime and the CCG prior to that, to gather complex information and explain it to the public. Work carried out around maternity services with the CCG and MSLC was highlighted. EH noted the importance of having an ongoing conversation with the public, particularly through maternity engagement groups, as talking to people would ensure that the correct services were put in place.

Short discussion was held regarding the way that information was presented to the public, and the impact this had on the feedback that was received about health services. It was hoped that in the future more recognition would be given to the work done behind the scenes to intervene and improve services, rather than services just being rated at the point of care. It was also noted that honesty is a vital part of the communication, particularly when discussing where the challenges are, and the difficulty around making decisions.

Resolved: The findings of the engagement carried out by Healthwatch Cumbria be considered

GB 28/16

AGENDA ITEM 08: Safeguarding Adults, Children and Children Looked After Annual Report

The report was presented by LML.

It was noted that the new NHS England safeguarding processes had been confirmed.

It was noted that the report showed a great amount of work and helped to give a clear understanding of the CCG's position with safeguarding. Gratitude was expressed to the CCG's Safeguarding Team for this.

Brief conversation took place around the attendance of GPs at case reviews; it was noted that a large amount of work had been done around this and although it was still a concern, the issue had improved substantially over the past 12 months.

HR discussed the figures regarding children placed for adoption in Cumbria, noting the improvements from a safeguarding point of view. It was noted that although figures relating to this area were still high, they were down to a much more focused level; HR advised that gratitude had been expressed by Cumbria County Council for the work that the CCG's Safeguarding Team had done here.

LML highlighted for clarity that the Dashboard report only displayed areas for consideration with an orange or red rating, and did not display the areas with a green rating. The CCG is compliant in at least 90% of the standards.

Following a question from PS a short conversation took place about the process of recruiting a Designated Doctor. It was noted that the difficulty in recruiting a Designated Doctor was a national issue, and DR advised that the CCG had approached a number of potential candidates, but unfortunately had not been

successful in recruiting to date. It was advised that the CCG had temporary cover, and Dr Amanda Boardman's role as Lead GP for Children covered part of the function of a Designated Doctor.

In response to a question from GJ, LML confirmed that the CCG Safeguarding Team had given consideration to the future proposed boundary changes and how that would affect them.

Resolved: The report be received for information

GB 29/16

AGENDA ITEM 10: A Framework for Nursing, Midwifery and Care staff (May 2016)

The report was presented by HK.

A discussion took place around the requirement of private care organisations to ensure that nurses were appropriately trained and had the confidence to deal with the issues they faced. HK advised that this would be achieved by health and social care organisations working together as closely as possible, and having more involvement from the private sector within this to improve quality.

In response to a question from PS, HK advised that she, along with the Chief Nurses of each of the acute Trusts in Cumbria, would be responsible for gathering intelligence that could be used to highlight the performance of the Framework.

Following a question from DR, HK advised that Professor Jane Cummings, Chief Nursing Officer for NHS England, along with Health Education England, were responsible nationally to ensure that the appropriate number of nurse training posts were available. RG expressed her concerns that there was not an adequate national strategy in place to ensure that there are enough nurses trained to meet future demands.

RG expressed concerns that there was a perpetual problem with training on a national level which could result in there not being enough nurses trained to meet future demand.

A conversation took place about how the CCG would engage with leaders of nursing and general practice. HK advised that she had contacted Lead Nurses within the ICCs, along with Practice Managers, and that there was an emphasis on her talking with other Chief Nurses throughout the county going forward.

It was noted that the success of ICCs depended on nursing staff, and that nurses would need a broad skill base in order to work within multi-disciplinary teams.

Resolved:

1. The report be received.
 2. Professional nursing leadership be supported going forward to enable implementation
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AGENDA ITEM 11: Quality Report April / May 2016

The report was presented by HK.

Brief conversation took place about the reporting of incidents at University Hospitals of Morecambe Bay NHS Foundation Trust, as the report showed lower rates of serious incident reporting than other local Trusts. It was noted that the culture of reporting played a key role here, as the level of less serious incident reporting was high suggesting the Trust had an open culture to reporting.

It was noted that certain areas of the report were still relying on information from 2013 and 2014, and that it would be better if newer data could be acquired in order to give an indication of the present.

It was highlighted that the Kentmore Ward was still open whilst a fuller assessment of the quality and safety concerns there took place.

Action: Remove "NHS Confidential" marking throughout the report.

A conversation took place regarding the high numbers of unexpected deaths within clients of Cumbria Partnership NHS Foundation Trust's (CPFT) mental health services. Members of the National Confidential Inquiry (into Suicide and Homicide by people with Mental illness) Team (including Professor Louise Appleby) were expected to visit CPFT and participate in a local conference about unexpected deaths providing expert leadership and guidance.

Action: Page 12 of the report currently contains incorrect chart (regarding the percentage of people that would recommend either Cumberland Infirmary or West Cumberland Hospital as a place to be treated). Amend accordingly.

HR discussed the stark difference in feedback that was received between Trusts. AC advised that a system had been introduced by North Cumbria University Hospitals NHS Trust (NCUHT) for its A&E departments, to leave cards for more feedback; it was hoped that in two months' time there will be better reporting.

Resolved:

- **The April/May Quality report be received for information and assurance**
- **The information received be reviewed to enable assurance on the quality and effectiveness of the NHS services commissioned by NHS Cumbria CCG**

AGENDA ITEM 12: Performance Report

The report was presented by AC.

HR discussed the format of the report and advised that explanations would be useful in places where data was particularly difficult to understand, noting that the data relating to IAPT was particularly difficult to understand.

It was suggested a box be added to the end of any page of the report that contains

complex data, to include a definition and summary of the data, and explaining how the percentages were calculated and what they mean.

Discussion took place regarding the urgent care section of the report, in particular to try to understand the increase in attendances at A&E. It was noted that a piece of work needed to be carried out to give clarity on the flow of patients into A&E, as some were not accounted for.

Resolved: The report be noted

GB 32/16

AGENDA ITEM 13: Finance Report June 2016

TP entered meeting.

The report was presented by TP.

PS gave further clarity on the proposal of The Auditor Panel, following their meeting on 27 July 2016, that the current external auditors Grant Thornton be appointed as the CCG's external auditor for 2017/18.

Discussion took place about the increase in A&E attendances classified as 'minors', focusing particularly on the patients presented at A&E by ambulance, and what the main source of referral would be.

CR provided an update on the introduction of the new Integrated Virtual Clinical Hub in Cumbria which should help to see a drop in inappropriate requests by 111 for emergency ambulances. It was noted that Cumbria will be the first to trial this service in the North West of the UK.

Performance data relating to the new Integrated Virtual Clinical Hub to be brought to future meetings. Note that data reporting commences in September, and then can take up to 8 weeks to gather following that. In particular this is to help gain an understanding of whether the new service helps to lower attendances at A&E.

DR noted that national figures regarding A&E showed a rise in attendances, and that this was due to gaps in the primary care workforce, and so not just because of the 111 protocols.

Discussion took place regarding the financial position as at 30 June 2016. TP advised PS that were the CCG was behind the financial plan it had been built into the budget, which meant there would not be a big hole in the figures.

Proposed by Ruth Gildert, seconded by David Rogers;

Resolved:

- 1. The report be noted**
 - 2. The decision of the Auditor Panel be ratified**
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GB 33/16

AGENDA ITEM 14: Minutes of:

Audit Committee:

- 4 May 2016
- 26 May 2016

Clinical Leads Group:

- 19 May 2016

Finance & Performance Committee:

- 18 May 2016
- 23 June 2016

Locality Executives:

Allerdale

- 12 May 2016
- 09 June 2016

Carlisle

- 25 May 2016

Copeland

- 28 April 2016

South Lakes

- 5 November 2015
- 7 January 2016
- 3 March 2016
- 5 May 2016

Outcomes & Quality Assurance Committee

- 15 April 2016
- 17 June 2016

Resolved: The minutes be received for information.

GB 34/16

Agenda Item 15: Any other urgent items of business

There were no urgent items of business.

GB 35/16

Agenda Item 16: Questions from members of the public present

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

GB 36/16

Agenda Item 17: Date and time of next meeting approved:

The next meeting will be held on Wednesday 5 October 2016, commencing at 13:00, at The Masonic Hall, Jacktrees Road, Cleator Moor, Cumbria CA25 5AU

The meeting closed at 15:50

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

Garry Davidson

Are there plans to transform your MSK community pathway, in order to drive patient outcomes and commissioning efficiencies, in line with NHS England Right Care Packs?

HR responded to the question, advising that NHS Cumbria CCG did plan to review its MSK pathway. It was noted that this was being done through a Right Care Analysis, and that one aim was to provide physiotherapists with advanced training in order to triage patients appropriately.

HR did not respond to a question regarding whether the CCG would be interested in using services from Connect Health to help with this, as the Governing Body meeting was not the appropriate forum to respond to this offer.

Viv Stucke

Please can you explain the wide variation in take-up of 'I Want Great Care'? For example: south Cumbria versus north Cumbria. Is it down to GP promotion?

JR answered the question. It was advised that a big challenge faced when implementing I Want Great Care was getting GP practices to take on the system, and not every single practice had signed up to it. The volume of feedback done within a GP practice depended on the system and how they operated it. It was noted that the Success Regime was looking at using the system more often. Another challenge was that I Want Great Care was not promoted as well as the CCG had wanted it to be. The CCG was also trying to encourage acute care services to use the system.

Viv asked if there was a big difference in the take-up of the system between acute care services in the north and south of Cumbria?

JR advised that the acute Trust in the south of Cumbria had a better uptake, as they had taken on the system directly from I Want Great Care. The acute Trust in the north used the same questions, but had made their own system rather than using the I Want Great Care one.

LH noted that he had received feedback regarding I Want Great Care from patients using system; the patients had expected a response after giving the feedback and were disappointed when they hadn't received one. JR advised that the promotion and communication of the system may be able to help with that issue, in order to demonstrate what changes had been made following the feedback. SS advised that Healthwatch would be able to help to signpost the system, noting that it was important to Healthwatch that learning from the feedback was used. RP noted that there was a good opportunity with the introduction of ICCs to work with patients, and that they could look at relaunching and rebranding the system to get good feedback to improve services.

Questions & Answers from Members of the Public - Agenda Item 16

Evelyn Bitcom

Regarding the boundary changes, does this change anything for the mental health consultation that will be taking place in 2016? With the boundary changes, work has already gone on that will affect service change in south of county. I understand from the Success Regime that the mental health consultation will be left out of their current consultation with stakeholders. I think that you have missed a really important point by not doing it. How will the boundary changes impact on the mental health consultation, which is going to be county wide in October?

HR responded to the question. It was noted that the proposed boundary changes would relate to how commissioning was undertaken and not provider services. It was advised that the mental health consultation would address country wide services, and not just those in the west, north and east Cumbria, which is one reason that it would not be tied to the Success Regime consultation. HR added that another reason that the two consultations would run separately was that the mental health consultation would not be ready to start at the same time as the Success Regime consultation, and so would have held back the Success Regime consultation. This was viewed as unacceptable to people nationally, and to those involved in the Success Regime.

In answer to the specific question of whether the boundary change would impact on the mental health consultation, HR advised that it would not. It was noted that any mental health consultation undertaken prior to April 2017 would be run by NHS Cumbria CCG, as the CCG would still be responsible for commissioning services across the whole of Cumbria until 1 April 2017. It was advised that if the outcome was that there were changes made to the way services were provided, those changes would then be picked up by the successor organisations in the north and south, with their relationships with the providers. It was advised that commissioning boundary changes will not impact on the way services are provided on a countywide basis.

Evelyn then asked: will the boundary changes impact on people living in south of county, electing patient choice, who do not want to be treated in Lancashire by their Partnership Trust.

HR advised that this would be an issue about choice within mental health services, which was separate to the issue of who commissions the service. It was noted that where people elect to have services is a different issue.

Evelyn asked: Do you think that, to a member of the public, this will be difficult for people in the north to get a strong understanding in some cases?

HR advised that the potential difficulty in understanding issues would not be related to the boundary changes.

Evelyn asked for confirmation: so the boundary changes will not come into the mental health consultation.

HR confirmed that the proposed boundary changes would not be part of the mental health consultation, because the boundary changes were a technical issue and would not have a direct impact on the services that people receive on a day to day basis in their local communities.

AG noted for information that work that was done in Lancashire a few years ago, looking at mental health provision, which was consulted on, was now being looked at again as part of the Sustainability Transformation Plan for Lancashire and south Cumbria. It was advised that Janice Horrocks, who leads the work in Cumbria, including the mental health consultation work, was liaising closely with her counterpart in Lancashire to make sure there were no differences between the two pieces of work. It was noted that this was an issue regardless of boundary change.

Evelyn expressed that she felt the CCG was missing an excellent opportunity to look at historic problems around mental health in Cumbria by not including it in the Success Regime consultation.

HR advised that although he understood her point, this was an area beyond the control of the CCG; this was because the timing of the Success Regime consultation was not under the control of the CCG.

JR advised Evelyn that he had raised the same concerns in the past and had hoped that the mental health consultation and Success Regime consultation could be done together. JR noted that in particular, when the timings of the Success Regime consultation changed and moved closer to the timings of the mental health consultation, there were feelings that opportunities were being missed. It was noted that efforts were made to try to run the two together, but for the reasons stated earlier the two were not running at the same time.

GJ thanked Evelyn for the points that she had made.