NHS
North Cumbria
Clinical Commissioning Group

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 6 February 2019
Botcherby Community Centre, Victoria Road, Carlisle, CA1 2UE

Present:	Jon Rush	Lay Chair **(Chair)** (JR)
	Amanda Boardman	GP Lead for Safeguarding, Maternity, Children, Mental Health & Learning Disability (AB)
	Carole Green	Lay Member – Quality and Performance (CG)
	Denise Leslie	Lay Member – Public Engagement (DL)
	Colin Patterson	GP Lead for Primary Care (CP)
	Peter Rooney	Chief Operating Officer (PR)
	Anna Stabler	Director of Nursing & Quality (Governing Body Registered Nurse) (AS)
	Charles Welbourn	Chief Finance Officer (CW)
	John Whitehouse	Lay Member – Finance & Governance (JW)
	Kevin Windebank	Governing Body Secondary Care Doctor (KW)
Observer:	Sue Stevenson	Healthwatch Cumbria
In Attendance:	Robin Talbot	Chair, Cumbria Partnership Foundation Trust (CPFT) (RT)
	Julie Clayton	Head of Communication & Engagement (JC)
	Ramona Duguid	Director of Integration, NCUHT (RD)
	Eleanor Hodgson	Director of Children's & Families (EH)
	Amanda Hume	Executive Lead for System Transformation & Strategic Commissioning Development (AH)
	Caroline Rea	Director of Primary Care & Integrated Care Communities Development (CR)
	Brenda Thomas	Governing Body Support Officer (BT)

GB 1/19 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received from David Rogers, Interim Accountable Officer/Medical Director and Gina Tiller, Chair, North Cumbria University Hospital Trust.

GB 2/19 **AGENDA ITEM 02: Declarations of Interest**

The Chair reminded Members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Interests declared by member of the Governing Body are listed in the CCG's Register

of Interests. The register is available either via the Governing Body Support Officer or the CCG website at the following link:

http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/index.aspx

Declarations made at this meeting:

Kevin Windebank advised that his daughter had become an Assistant Psychologist working for the Northumberland, Tyne and Wear NHS Foundation Trust in the Adult Learning Disability. It was confirmed there was no conflict of interest on any agenda item today. However the interest was noted and would be added on the Register of Interests.

GB 3/19

AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 5 December 2018

Resolved: The above minutes of the meeting were agreed as a true record.

Action Log: 5 December 2018

Resolved: There were no outstanding issues on the action log.

GB 4/19

AGENDA ITEM 04: Summary of written questions from Members of the Public on items on this agenda

The Chair advised that written questions could be submitted by members of the public present at the meeting. These would be received and then answered under the relevant agenda item. At the end of the meeting another chance would be offered for members of the public to ask for clarity on any item discussed on the agenda. See Appendix 1 for responses.

Amanda Hume joined the meeting. The Chair welcomed Amanda Hume, Executive Lead for System Transformation & Strategic Commissioning Development to the meeting advising that she represents this CCG as part of the NHS Clinical Commissioners who sit at a national level. Amanda has kindly agreed to come and be part of the sitting member (non-voting) of the Governing Body to ensure she stays connected to the things that are happening in North Cumbria.

GB 5/19

AGENDA ITEM 05: Chair & Accountable Officer Report

JR presented the report highlighting the following key areas:

NHS Long Term Plan

The Chair confirmed that the said plan supported North Cumbria's aims to move towards an Integrated Health Care System (IHCS).

New GP Contracts

CR advised that the CCG welcomed the new GP Contract which would further enhance the development of the IHCS in North Cumbria and enable GPs to be supported to deliver within the system. The new contract has picked up on a number

of recommendations which were made as part of Dr Nigel Watsons GP Partnership Review report which was published in January 2019. Key features of the new contract include:

- Five year deal which provides security for practices forward planning
- Addresses issues such as pensions and indemnities
- Defines clear expectations
- Focusses on primary care networks (in Cumbria all of our GPs are connected to an ICC network)
- Investment at primary network level with a small amount available to practices
- Seven service specifications which will be brought in over the next three years
- Access initiatives

CW advised that, as always, the devil would be in the detail contained in the contract and it was acknowledged that the Primary Care Committee had identified a requirement for training for its members so that they could fully understand the implications of the new contract.

Trust Development

RT clarified that in November 2018 the Trust Board delayed its judgement in relation to the contract for providing mental health services for the South of the County.

Brexit

Discussion ensued around the messages to go out to Members of the Public around stock piling of medication. JC confirmed that any communications were being done collaboratively between the two Trusts and the CCG. However, it was confirmed that any communications going out in Cumbria would be in line with those going out nationally.

Stroke

JC advised that she was reliably informed clinically that around 80 percent of strokes were preventable. Therefore, there was a lot of work being undertaken around stroke prevention. This was being done in conjunction with an organisation called IVAR (Independent Voluntary Action Research) and this was through the building health partnerships programme which, NHS England had supported the system to get involved in. As a result there was a project in Copeland looking at community lead ways of stroke prevention. This group met for the first time on Tuesday 5 February 2019 and came up with some very good ideas and hopefully, once fully developed and working in Copeland, could be rolled out to other Integrated Care Communities (ICCs).

Resolved: The update be noted.

GB 6/19 **AGENDA ITEM 06: Integrated Health Care System (IHCS) Update**

6.1 North Cumbria IHCS

RD gave a presentation on the progress to date on the development of the North

Cumbria IHCS. The presentation outlined where the system was now, the direction for the next five years, and the purpose. It also outlined how things would be brought together and the delivery and strategic change management required to implement the changes. It was confirmed that the presentation would be published on the CCG website (via link below).

http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2019/6-february/bulk/061ccgics-presentationfebruary2019.pdf

Discussion ensued around ensuring that all groups of our communities must be catered for within the new system, especially those most vulnerable and in need. In addition it was agreed that there was a real need to ensure that things were done differently and that effective engagement with our communities and third sector organisations were included in this process.

Resolved: The update be noted.

6.2 NHS Clinical Commissioners Briefing and North Cumbria & North East Integrated Health Care System (IHCS) Update

AH presented the report outlining the key items covered at the National Board meeting of NHS Clinical Commissions which took place on 24 January 2019. In addition she highlighted the work underway as part of the aspiring IHCS in the North East and North Cumbria as detailed in her report.

Discussion ensued around how important it was that both the North East and North Cumbria systems kept the momentum going and ensured that there would be the capacity to deliver on integration including with Local Authorities. SS advised that it was important to ensure that we were not still talking strategy in five years time and sought assurance that this would not be the case. AH confirmed that there was a real commitment and a greater willingness to work together which would lead to a blurring of boundaries and a change of behaviours. RD stated that there was a need to be explicit about what the systems were committing to and what the measures of success would look like.

Resolved: The update be noted.

GB 7/19

AGENDA ITEM 07: North Cumbria CCG Assurance Framework & Brexit Risk Assessment

CW presented the report highlighting the key changes to the top ten risks detailed in the report. He also confirmed that the CCG was working across the system and with NHS England in response to the European Union (EU) Operational Readiness Guidance which had been issued. This guidance set out the actions that the health and care system in England should take to prepare in the event of a 'no deal' scenario when leaving the EU. This would ensure that the system was prepared for, and could manage, the risks in such a scenario.

Discussion ensued and CW confirmed that the Assurance Framework would need to be refreshed as the IHCS develops. RT praised the report.

Proposed by Kevin Windebank, seconded by Peter Rooney;

Resolved: The Assurance Framework contained in the report be approved.

Action: The Chair requested that due to the number of new lay members, a detailed briefing be provided around the Assurance Framework.

GB 8/19

AGENDA ITEM 08: NHS North Cumbria Organisational Development Plan Update

EH presented the report reminding Members that it had been presented and considered in detail at both the Finance & Performance Committee and the Executive Committee. EH also highlighted the work undertaken by staff to achieve the Bronze Level of the Better Health at Work Scheme. The Governing Body praised the achievements of everyone involved.

Resolved: The update be noted.

GB 9/19

AGENDA ITEM 09: Quality Exceptions Report

AS presented the report highlighting key areas detailed in full in the report. She also reminded Members that, as agreed by the Governing Body in October 2018, the Outcomes & Quality Assurance Committee had ceased to meet from February 2019. This would be replaced by a system wide quality assurance committee. The Membership would include representatives from the CCG, Provider Organisations, NHS England, Care Quality Commission (CQC) and would be chaired by the CCG's Lay Member Quality & Performance, Carole Green.

Resolved: The update be noted.

GB 10/19

AGENDA ITEM 10: Performance Report

PR presented the report highlighting the key performance issues as detailed in the report and reminding Members that this report had also been considered in detail at the Finance & Performance Committee and the Executive Committee. Discussion ensued and Members acknowledged the improvements in Dementia Diagnosis, Ambulance Handover Delays, Ambulance Response Times and the continued positive performance in Accident & Emergency (A&E). Concerns were expressed around the Cancer Waiting times and it was agreed this would be picked up with NCUHT.

Resolved: The update be noted.

GB 11/19

AGENDA ITEM 11: Finance Report

CW presented the report reminding Members that this report had been considered in detail at both the Finance & Performance Committee and the Executive Committee. He confirmed that the CCG was still on target to hit its control target and that the finance team was working actively with colleagues at NCUHT and CPFT to ensure that the system financial position and overall risk to the combined economy control total becomes embedded in system reporting.

CW also advised that NCUHT received confirmation from the North East & North Cumbria NHS England that they were preparing to release £7.9 million of transition

funds, via the CCG, which considerably reduced the collective risk and this was reflected in the month 9 allocations shown in the report.

CW confirmed that there was continued risk around the Continuing Health Care packages and work was continuing to mitigate this.

In response to a question it was confirmed that Avastin could be used. However there were some issues around pharmacists not wanting to use it which were being handled locally and nationally but to date there was no news as to whether there would be an appeal against the ruling.

Resolved: The update be noted.

GB 12/19

AGENDA ITEM 12: Minutes of:

Executive Committee:

- 25 October 2018
- 20 December 2018

Finance & Performance Committee:

- 21 November 2018

Implementation Reference Group:

- 28 February 2018

Primary Care Committee:

- 15 November 2018
- 13 December 2018

Outcomes & Quality Assurance Committee:

- 02 November 2018

Resolved: The minutes of the above meeting be received for information.

GB 13/19

AGENDA ITEM 13: Wider System Meeting Minutes

Northern Joint CCG Committee:

- 06 September 2018

System Leadership Board:

- 01 November 2018

Resolved: The minutes of the above meeting be received for information.

GB 14/19

AGENDA ITEM 14: Any other urgent items of business

There were no other formal urgent items of business.

GB 15/19

AGENDA ITEM 15: Questions from members of the public present

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

GB 16/19 **AGENDA ITEM 16: Date and time of next meeting approved:**

Wednesday, 3 April, 2019, 13:00, Conference Room, Oval Centre, Salterbeck Drive, Salterbeck, Workington. CA14 5HA

The meeting closed at 15:28

Appendix 1

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

Neil Hughes (NH)

How has the CCG reacted to the concerns raised by Cumbria County Council (CCC) in relation to the scaling down of podiatry services in North Cumbria?

PR advised that firstly the CCG had not received any written or formal concerns from CCC around the scaling down of these services and, secondly there was no planned scaling down of podiatry services. However, this question may be driven by two potential things that have been discussed at the CCC's Health & Wellbeing Board and Health Scrutiny Committee. One was the changes of over a pilot phase initially in West Cumbria around how podiatry services were delivered including, the eligibility for receiving specialist podiatry services. The pilot was currently being undertaken and there was a commitment that the evaluation from the pilot would be appropriately discussed with Health Scrutiny Committee. Just by way of reassurance the pilot does include that any service user who would previously have been referred to the service would still get an initial assessment and screening and there will still be an appropriate care plan. The second concern that have been raised informally by some elected members was as a consequence of the changes to the Musculoskeletal (MSK) pathway, which included some changes in how the podiatry services worked directly as part of the overall MSK services pathway change, but again there was no diminishing of the service on offer.

In response to clarification from Neil Hughes, PR confirmed that the commitment was that all people who had previously been referred to the podiatry service, including service users who may have a co-existing condition including learning disabilities, dementia etc., would still receive their assessments, would still have a care plan, and if appropriate, a sensible accommodation of additional needs that service users may require would still be considered to see whether they receive treatment directly through the podiatry service or from another clinician. It is very clear in the description of the pilot that those factors will be considered on a case by case basis, but there will be changes in the eligibility criteria which may mean that some service users who have previously continued to receive treatment through the podiatry services will no longer do so in the future. There was quite a bit of concern expressed around what implications this may have on service users with another kind of vulnerability or other conditions which will be properly considered as part of the pilot.

Sue Gallagher (SG)

Chair & Accountable Officer Report

Same Day Health Centre in Whitehaven

Will this service look like Workington Hospital service, who will operate it and how will the public know about it?

CR confirmed it is in essence very similar to the way Workington Hospital services work. It is all practices working together. However if you contact your own practice in Whitehaven you will still be able to get a same day appointment but additionally they will be working together to offer extra appointments in one service that all practices will be contributing to. The service, once it goes live, will be hosted at the hospital and there were many good reasons for this, but not least so that it can work closely with other services that the Trusts provide. Once a go live date has been established communications will be going out to the Public detailing how the extended access of appointments on a week day will work.

New GP Contracts

Third bullet point please explain what this is, is it to do with insurance against litigation and do you think this may help in the practice for GPs?

All GPs and practice staff have to belong to a 'medical defense union' of various types and it does cover them for litigation. Some of the costs, in particular if you are working in and out of hours, have been huge and these have either been paid for directly by the individual or by the practice but they remain the personal liability of the individual. These costs have been rising year on year and been a deterrent to people both working in out of hours services and increasing the amount of time they put into general practice. If you contrast that with if you are working for a provider trust like Cumbria Partnership Foundation Trust (CPFT) or North Cumbria University Hospital Trust (NCUHT) they belong to a Clinical Negligence Scheme for Trusts which covers all Trusts and individuals do not pay individual contributions. So what this is doing is putting a new scheme in place for general practice that does exactly the same for clinicians working in primary care as it does for clinicians working in every other part of the NHS. This has been well received in practices.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item

Evelyn Bitcom (EB)

Agenda Item 5 – social prescribing:

Will this assist with the parity of esteem agenda looking at the whole person, the physical health, mental health and wellbeing?

The Chair advised that the triple aims outlined in Ramona Duguid's presentation today would help to link the physical and mental health together. This was a definite aim within the ICS strategy for North Cumbria and supports the aims of the NHS 10 Year Plan.

What collaboration work is planned with patients, carers and the third sectors within the localities to research the needs, the provisions and the assets to empower the social prescribing?

Will this include holistic and complementary therapies, plus other options, including access to a hydrotherapy pool eventually (as the one at the Cumberland Infirmary has been demolished). This would not only be of benefit for muscular or skeletal issues but it would also be useful for stroke and arthritis as well. Given that some people find baths and other places too cold do their exercises would it be possible, if some money could be found to include the provision of a hydrotherapy pool with the Sands development for those people in our communities who cannot do their exercises in other ways?

Will social prescribing be a standardised choice or will it be an opportunity for flexibility to patients needs and wants? In addition will direct payments and personal budgets actually ever happen within social prescribing?

The Chair advised that at this moment in time not all of the above questions could be answered. CP advised that there may also have been some mis-understanding because what was being funded was not a social prescribing system but social prescribing link workers. Guidance was awaited and it was anticipated that they will outline the way in which they expect the social prescribing link staff to work. PR stated that we would acknowledge, not just in North Cumbria but probably around the Country that we are at the very foot hills of social prescribing. In fact the term is not particularly helpful and the feedback by lots of people was that it was a very medicalised term. So there was a lot of development work to do,

including very locally with each of the ICCs about what needs and assets there are and how to connect some of those service users with some of those assets. Nor should we assume that the third sector is a free resource just waiting to help. There are lots of challenges for our third sectors colleagues not least the immediate sustainability. The announcement is really welcome and will give each of the ICCs a resource in terms of the coordinating and link function CP related to do. As I said there is a lot work to do on this which we will do together and in a co-produced fashion. However, what we are not able to do now is answer the detailed questions that you have asked. In response to a question, PR stated that what we are saying is we are seeking to develop this over the coming months, and possibly longer than that, which will include gathering good evidence from others areas that have made better progress then we have. We want to engage everyone, including yourself and third sector colleagues about the best way to do it.

Agenda Items 6,8 and 9 – Strategy Refresh

Regarding long term needs of Mental Health and Complex Cases, regarding the press report last week about more mental health ringing 999 and asked at the Trusts' joint board meeting, is there any work being done with the police and crime commissioner to stop these people being put into the hands of the police and the criminal justice system and into prison which is happening?

PR advised that there was a lot of work done with the previous police and crime commissioner including a very substantial investment to provide a point of access to professionals, carers and service users which did have a significant benefit. You are right there are still a lot of service users dialing 999 because they believe that is the best opportunity they have to be receive the services that they need. Whereas, we would prefer there to be other opportunities for those service users, this is an issue that the Chief Constable has raised with local NHS partners and there will be a further discussion with the Chief Constable and the Crime Commissioner about the issues raised.

Sue Gallagher

Question for Ramona Duguid around her presentation as I did not detect anything about end of life and dying well particularly around the public health report, can you advise if it featured somewhere else in the report?

RD advised that it probably did not come out strong enough but certainly on the population health what we want to have in each of the ICC areas, driven by public health, is the healthy life expectancy which is all stages of life. Including what the starting well, living well, aging well and dying well agendas will look like. What you will see in terms of how we develop the population health framework will be built around those components and these will be made more explicit. CP stated that GP contract leads are choosing seven priority pathways. One of the first two being developed was end of life networks and how the GP contract and the extra staff based in there can ensure that end of life pathways work better. It was envisaged that it would take three or four months for these to be finalised but once completed they would be presented to the Primary Care Commissioning Committee and then the Governing Body. In response to a question, CP confirmed that he would expect any care plan to be focused around what the patient and carers wishes are.

AS stated that we are already supporting patients around this as we are funding medication through the fast track system, through continuing health care, to get people out of hospital and back home to die there if that is what they want to do and I just wanted to provide some assurance around this.

Supporting people with Mental Health & Learning Disabilities to stay out of the criminal justice system

A gentleman present at the meeting shared his own family's experiences which had resulted in one of his children, who had suffered most of their life with long term Mental Health issues, ending up in prison.

This has had a detrimental effect on the whole family and he was seeking support to keep this family member from serving a third term in prison and to get them the support they needed in a hospital environment. The Chair thanked him for sharing his experience with the Governing Body but advised that unfortunately because there was a criminal justice process taking place and because there would have been some contact within the system then the specific details of this case could not be discussed at this time.

SS advised that within the Healthwatch world and, through NHS complaints service, they hear of cases like this all the time. However, there appeared to be missing was an opportunity within the governance arena so that individual stories could be heard and used to drive change. SS asked the Governing Body to consider what would be the right place for individual stories to be heard and support effective change.

RT added that because of the technical situation of this individual then Members were not in a position to pass any comment today. However, as this issue had been raised by EB at the Trust Board last week, maybe there was an opportunity for the Chair and him to meet outside of this meeting with the support of other officers to discuss further what could be done to support individuals finding themselves in a similar situation.