

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF GOVERNING BODY MEETING**  
**Wednesday 3 October 2018**  
**Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE**

<b>Present:</b>	Jon Rush	Lay Chair <b>(Chair)</b> (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	Lead GP – Primary Care (CP)
	Peter Rooney	Chief Operating Officer (PR)
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Anna Stabler	Director of Nursing & Quality (AS)
	Charles Welbourn	Chief Finance Officer (CW)
	John Whitehouse	Lay Member – Finance & Governance (JW)
	Kevin Windebank	Secondary Care Doctor (KW)
<b>In Attendance:</b>	Julie Clayton	Head of Communications and Engagement (JC)
	Eleanor Hodgson	Director of Children’s Integration (EH)
	Caroline Rea	Director of Primary Care & Integrated Care Communities (CR)
	Brenda Thomas	Governing Body Support Officer (BT)
	Colin Cox	Director of Public Health, Cumbria County Council (CC)
Item 11 only	Tim Evans	Senior Responsible Officer, Integrated Care Communities, Cumbria Partnership & Foundation Trust (TE)
Item 11 only	Caroline Evans	Integrated Care Communities Management Lead (CE)

GB 83/18

**AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received from Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria.

GB 84/18

**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->

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[of-interests/index.aspx](#)

**Declarations made at this meeting:**

AS reminded Members that she was currently seconded into the CCG from NCUHT and therefore there was a potential interest in agenda item 7. However it was confirmed that AS was seconded full time to the CCG and was not undertaking any work on behalf of NCUHT. In addition it was acknowledged that the Lay Membership from the Outcomes and Quality Assurance Committee had an oversight and input into the report and recommendations from agenda item 7.

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GB 85/18

**AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 1 August 2018**

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

**Action Log:**

- Chase up the response from Cumbria Partnership Foundation Trust, in relation to the provision of support/training detailed on page 8 in the Community Hospitals Strategy service redesign Wigton, Alston Moor and Maryport – March 2018, relates to GPs as well as staff.

**Resolved:** The action log be updated accordingly.

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GB 86/18

**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.

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GB 87/18

**AGENDA ITEM 05: Chair & Accountable Officer Report**

DR outlined the contents of the report.

**Engagement around Mental Health and Learning Disability Service Improvement:** DL asked if there was any outcome document from the said events. AS advised that a learning event had taken place and this information was in the process of being drafted and should be available in the next few weeks.

**Maternity:** Discussion ensued and it was confirmed that the audit findings would not be put into the public domain because it would contain personal information. However, it would be considered in detail by the Independent Review Group, this would then inform the implementation plan which would be considered by the Implementation Reference Group before being made public through the Governing Body.

**Avastin High Court Case:** In response to a question from KW, DR confirmed that Avastin could be used from the date of the High Court Decision.

**Resolved:** The update be noted.

**AGENDA ITEM 11: Public Health Annual Report**

The Chair welcomed Colin Cox, Director of Public Health from Cumbria County Council to the meeting.

CC advised that as Director of Public Health he was required to produce an independent annual report and the County Council had to publish it. He then gave a presentation highlighting the key areas in the report.

Members praised take up in breast feeding rates which had previously been below the national average. Not only was Cumbria now in line with the national average, some areas had exceeded that level.

In response to a question, CC confirmed that the County Council commissioned Health Checks from GP practices. However, he clarified that there was only a requirement for them to be offered to patients, not that they must be carried out.

Members praised the drive to reduce smoking in Cumbria. CC confirmed that most areas in Cumbria were now in line with the national average but acknowledged that there was still a lot of work to do to reduce smoking further. In response to a question, he advised that there was not enough evidence to determine how safe vaping was. Therefore he would not encourage non-smokers to start vaping. However, if someone was smoking they would be encouraged to swop to vaping as it was less harmful than cigarettes.

PR thanked CC for an excellent Annual Report advising there was a real appetite to support the recommendations contained in the report. He advised that CC would be leading the strategy through the Health & Wellbeing Board and that the CCG needed to fully commit and see through the intent on health improvements by targeting resources to support the changes required.

The Chair thanked CC for his presentation. In response CC thanked the CCG for its support.

**Resolved:** The recommendations of the Public Health Annual Report be endorsed.

Colin Cox left the meeting.

**AGENDA ITEM 06: NHS North Cumbria CCG Winter Plan 2018/19**

PR read out and answered questions from Sue Gallagher detailed in Appendix 1.

PR presented the report advising that it was important that the Governing Body had sight of the proposals of the system wide winter plan, prior to its submission week commencing 8 October 2018, to NHS England (NHSE) and NHS Improvement (NHSI). PR advised that the collective winter plan had improved year on year. However there needed to be an increased GP focus in future plans. He also stated that, whilst it was not visible in the plan, there was clear tracking of quality indicators around increased falls on the ward. This was to ensure patient safety was not compromised.

It was confirmed that Winter Plan updates would be considered in detail monthly at

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the Finance & Performance Committee. Updates would also be brought to the Governing Body as necessary.

PR also confirmed that a desk top exercise was undertaken on the winter plan on 27 September 2018 which provided assurance that it was in line to be delivered.

Lay Members confirmed they were very assured by the plan and thanked everyone involved in the production of it.

**Resolved:** The North Cumbria Winter Plan 2018/19 be formally endorsed.

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GB 90/18

**AGENDA ITEM 07: North Cumbria Quality Assurance**

AS presented the report thanking CG, DL and KW for their input in the proposals. AS outlined the proposal to move from the current system of quality assurance, which was the Governing Body's Outcome & Quality Assurance Committee (OQAC), to a system wide Integrated Health Partnership Quality Assurance Committee (IHPQAC). AS advised that under the current system data was often two months out of date by the time it was received. However, the data presented to the emerging IHPQAC was current data. In addition the IHPQAC not only seeks assurance from North Cumbria University Hospitals Trust (NCUHT) and Cumbria Partnership Foundation Trust but most other CCG commissioned service providers in Cumbria.

If the proposal to change from the current system of assurance was approved, it would also eliminate a duplication of unnecessary and expensive effort both with reports and officers attendance at meetings. It would also support the direction of travel to an Integrated Care System longer term. It was confirmed that the Terms of Reference (ToRs) for the IHPQAC would be revised to include Lay Membership.

In response to a question CG, Lay Member for Quality & Performance and Chair of the OQAC, confirmed that there was full support for this proposal by the Members of the said committee. She also advised that Healthwatch was included in the ToRs Membership to ensure that the patient voice was represented.

Proposed by John Whitehouse, seconded by Carole Green;

**Resolved:** The proposed new quality assurance process via the Integrated Health Partnership Quality Assurance Committee (as detailed in the report) be approved and the Outcomes & Quality Assurance Committee be stood down by April 2019.

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GB 91/18

**AGENDA ITEM 08: NHS North Cumbria CCG's Constitution, Scheme of Delegation and Committee Terms of Reference**

PR outlined the proposed changes detailed in the report. He confirmed that this did not significantly change either the CCG's Constitution or the Scheme of Delegation. These were just minor changes to enable the CCG to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties in an integrated way. It would also reflect the appointment of the Director of Nursing & Quality and the changes in Lay Member details which had taken place since March 2018.

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In response to a question from KW, PR confirmed that the title in the ToRs should read Governing Body Secondary Care Doctor and not Governing Body Specialist Doctor. It was confirmed these would all be amended to read the same.

Proposed by John Whitehouse, seconded by Charles Welbourn;

**Resolved:**

1. The revision of the CCG's Constitution to ensure it is in line with the revised NHSE national template be noted
2. It be noted that the CCG will incorporate its current working arrangements into the revised constitution template
3. The amended wording in the section of Collaborative Commissioning Arrangements as detailed, in Appendix 1 of the report, be formally adopted by the CCG
4. The operational lead for Safeguarding Adults & Children (Section 25 & 26 of the Operational Scheme of Delegation) be transferred from the Deputy Director of Nursing & Quality/Designated Nurse Safeguarding to the Director of Nursing and Quality
5. The Committee ToR membership changes, as detailed in Appendix 3 of this report, be approved

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GB 92/18

**AGENDA ITEM 09: Elective Waiting Time Activity**

PR outlined the content of the report highlighting the key areas to note. It was confirmed that there would be monthly reports to Finance & Performance Committee to monitor the situation in detail. There would also be further updates to the Governing Body as necessary.

In response to a question from AB, it was confirmed that the key messages from this report would be featured in the CCG's GP News publication. CP requested that an item on waiting list initiatives be brought to a future meeting/development session. KW sought clarification on the 'variation from baseline' in the table featured at the top of page 3 of the report. PR confirmed that he would seek clarification and re-circulate the table/explanation.

**Resolved:** The report and process for monitoring be noted.

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GB 93/18

**AGENDA ITEM 10: Integrated Care Communities (ICC)**

The Chair welcomed TE and CE to the meeting. TE and CE then gave a presentation on the development of delivering Integrated Care Communities across Cumbria working with both North Cumbria CCG and Morecambe Bay CCG. They detailed the progress of Phase 1 to date and featured positive outcomes which had made a significant improvement to patient care. However, it was acknowledged that not every area had developed as quickly as others and there was still a lot of work to do to develop Phase 2 of the programme. It was also recognised that there was still a huge shift change required in the way that the system works and this would take time to embed.

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In response to a question from AB, CE confirmed that there was a need to get all the hubs in place then Mental Health services would be introduced. AB also asked if the transition of complex health needs was being addressed. CE confirmed that these were not being factored in at present. However, these would also need to be introduced in future phases.

Discussion ensued around the challenges faced especially around the volume of calls the hubs could cope with and the issues likely to be faced if GPs could not get through on the telephone numbers that had been issued. Suggestions were made to help support the hubs i.e. call waiting details which enabled you to know where you were in the queue, patient satisfaction surveys, and quality of service control measures. TE confirmed that there was a need to change values and behaviours and this would be driven through and, where necessary, support mechanisms would be put in place to enable delivery. It was also confirmed that where issues had arisen they should be fed into the system so that adaptations/changes could be put in place to reduce the possibility of them happening again. These should be forwarded to TE or CE.

CW reminded Members that this was a system wide strategy that everyone, including the CCG had commissioned. Therefore it was vital that everyone ensured that they worked together to overcome any challenges which could hamper the success of the ICCs. PR thanked TE and CE for the excellent presentation and reiterated the fact that ICCs were a key part of the system wide long term strategy. He commended the excellent work that had been done to date, especially as they had come so far in a short space of time.

It was agreed the presentation would be circulated to all Members of the Governing Body and added to the CCG website. It can be found by using the following link:

<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2018/2018-3-october/bulk/icc-ccg-presentation-october.pdf>

The Members of the Governing Body through the Chair thanked TE and CE for an excellent presentation and praised the hard work of everyone who had helped deliver the significant progress that had been achieved thus far.

**Resolved:** The content of the presentation be noted.

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GB 94/18

**AGENDA ITEM 12: Emergency Preparedness, Resilience & Response (EPRR) Update**

PR advised that this report was being presented to provide an overview and update on the CCG's role and compliance of its responsibilities as required in the Civil Contingencies Act 2004 (and supporting guidance). He also confirmed that the CCG was a Category 2 responder and a critical player in EPRR who was expected to work closely with partners. It was confirmed that this report had also been considered in detail at the Finance & Performance Committee on 19 September 2018.

**Resolved:** The CCG's role and compliance of its responsibilities as stated above be noted.

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GB 95/18

**AGENDA ITEM 13: Quality Exceptions Report**

AS presented the report advising that the full report had been considered in detail at the OQAC on 7 September 2018. She also provided an update on a system wide post infection review which had concluded the following:

- No healthcare factors were identified that may have contributed to this Methicillin-resistant Staphylococcus aureus Bloodstream Infection (MRSA BSI) case i.e. no lapses in care were identified in reference to the patient's MRSA BSI in any of the organisations involved
- However, what was identified were areas of non-optimal practice and consequential learning across the system in reference to the sepsis pathway including:
  - Ineffective communication and documentation across the system
  - Non-compliance to the sepsis pathway and procedures

Next Steps

- A system wide improvement plan was being developed to ensure the sepsis pathway was followed by all local providers and therefore improve patient safety
- Learning will be shared via trust Infection Prevention committees and, link groups and divisional meetings

Also via newsletters - CPFT, NCUH, CCG, Primary Care (PC)

**Resolved:** The update noted.

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GB 96/18

**AGENDA ITEM 14: Performance Report**

PR presented the report confirming that this had been considered in detail at the Finance & Performance Committee on 19 September 2018 and there had been no material changes since that meeting.

Members praised the continued reduction of delayed transfers as detailed on page 13 of the report.

**Resolved:** The update be noted.

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GB 97/18

**AGENDA ITEM 15: Finance Report**

CW presented the report confirming that it too had been considered in detail at the Finance & Performance Committee in September (date as specified above). He confirmed that the CCG continued to be on plan to deliver its financial target to date. Across the system there are a number of financial risks of which the most significant is a £9 million risk presenting in the books of NCUHT relating to transitional funding that was included in the "Healthcare for the Future" pre-consultation business case. Discussion on this issue continues jointly with the local system and colleagues at NHSI and NHSE.

In terms of the ICCs it was acknowledged that the planned savings had been

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ambitious but if the savings could not be achieved in year then this would be covered by the contingency fund and slippage in investments.

Resolved: The update and actions being taken to mitigate risk be noted.

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GB 98/18

**AGENDA ITEM 16: Minutes of:**

Executive Committee:

- 21 June 2018
- 26 July 2018
- 23 August 2018

CW highlighted that the July 2018 minutes did not appear to be the final version as changes had been requested prior to approval. BT to check and circulate to Members the final version.

Finance & Performance Committee:

- 18 July 2018

Primary Care Committee:

- 12 July 2018
- 21 August 2018

The Chair asked Members to note the investment funding approved in July 2018 and the list closures detail in the minutes of 21 August 2018. He also confirmed the Primary Care Committee had been scheduled to meet monthly due to the high volume of business currently being received.

Outcomes & Quality Assurance Committee:

- 06 July 2018
- 3 August 2018

CG, Chair of the OQAC asked Members to note that the a rolling programme of deep dives on practices had commenced.

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

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GB 99/18

**AGENDA ITEM 17: Wider System Meeting Minutes**

Northern CCG Joint Committee:

- 5 July 2018

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

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GB 100/18

**AGENDA ITEM 18: Any other urgent items of business**

There were no other formal urgent items of business.

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GB 101/18

**AGENDA ITEM 19: Specific questions from members of the public present on items covered on this agenda**

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

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GB 102/18

**AGENDA ITEM 20: Date and time of next meeting approved:**

Wednesday 5 December, 2018, commencing at 13:00, Conference Room, The Oval Centre, Slaterbeck Drive, Salterbeck, Workington, CA14 5HA.

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The meeting closed at 16:35

**Sue Gallagher (SG)**

Agenda Item 6 – Winter Plan 2018/19 – Last paragraph on page 23 states:

*What services have been decommissioned?*

*“Currently the system is reviewing the community health beds commissioned as part of the iBCF (integration and Better Care Fund) as their use is limited due to the nature of the beds (residential rather than nursing) and the access requirements”*

*As a member of the public I thought I understood what Community health beds were, - in Community Hospitals, or spot purchased in care homes. I think the term could raise confusion, and, under the heading of “Services which have been decommissioned”, could look controversial and alarming.*

*So would you explain what these beds are, please?*

PR confirmed that the beds had not been decommissioned. They were provided through Cumbria Care Beds. Step down facilities were considered at the back end of last year and there was a real difficulty in getting the right people in those beds. Therefore a review had been undertaken on how the beds could be effectively utilised. PR confirmed that the term community beds could sound confusing and thanked SG for the opportunity to clarify.

Agenda Item 6 – Winter Plan 2018/19

*Page 22 - A multi-agency proactive and reactive communications plan to promote appropriate use of local services. Given the progress of Integrated Care Communities (ICCs) in early identification of those who may end up inappropriately in acute services, do you have plans to disseminate **printed information** to these individuals about all these extra winter “risks”, to help inform them and their families about decisions they make? Would this be a role for Care Coordinators? Not everyone will have access to digitized information.*

PR confirmed that there was a wider communications plan around things such as flu vaccinations, repeat medication, keeping safe etc. Additional info for those at higher risk would be through their care plans.

**Questions & Answers from Members of the Public - Agenda Item 20**

**Sue Gallagher**

Agenda Item 15 – Finance Report – Page 6

In response to SG’s question CW confirmed that the CCG Rag rating of blue in Table 5 on page 6 meant that the saving had definitely been achieved and green represented being on track to achieve.

**Evelyn Bitcon**

Agenda Item 5 – Mental Health Listening Events

*Could you please ensure that these events are well advertised as they are not being well attended as people do not know they are happening?*

Julie Clayton confirmed that these events had been highly publicised through social media, press advertising, direct invitations and through third sector organisations through Cumbria Voluntary Sector (CVS).

*Could I make a plea that you commit to adopt the Asset Based Community Development (ABCD) approach as approved by NHS England in line with the North West Consortium?*

Charles Welbourn confirmed that the CCG was working as part of the North East. Julie Clayton explained the North Cumbria Health and Care System is working with the NHS England national team for engagement and, the Building Health Partnerships programme was part of that work and NHS England was supporting the co-production work that North Cumbria CCG was undertaking.

The Chair advised that the CCG could not commit to a specific project at this meeting, but the chair reaffirmed the position of working closely with NHS England, the third sector, our community and partners across the system and the north east to ensure a consistent approach was taken.

Agenda Item 10 – ICCs

*Could you please ensure that people are not being discharged from hospital prematurely due to bed shortages as one family had one of its relatives discharged at 10 pm at night without the family being aware they had been discharged.*

Tim Evans asked that the family contact him with details of the discharge, i.e. name, address, hospital ward etc. so that he could look into the incident and respond direct to the family.