

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF THE GOVERNING BODY MEETING**  
**Wednesday 1 October 2014, 13:00 – 17:00**  
**Penrith Rugby Club, Winters Park,**  
**Penrith CA11 8RG**

<b>Present:</b>	Hugh Reeve Ruth Gildert Les Hanley Geoff Jolliffe Nigel Maguire Rachel Preston David Rogers Jon Rush Peter Scott Charles Welbourn Anthony Woodyer	Clinical Chair ( <b>Chair</b> ) (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) Medical Director (DR) Lay Member (Patient Engagement) (JR) Lay Member (Finance and Governance) (PS) Chief Finance Officer (CW) Consultant Member (AW)
<b>Observers:</b>	Jane Irwin Sue Stevenson	Local Medical Committee (JI) Healthwatch Cumbria (SS)
<b>In Attendance:</b>	Kieron Bradshaw Helen Coffey Anthony Gardner Caroline Rea Peter Rooney Brenda Thomas	CCG Administrator (KB) Communications Officer (HC) Network Director: South Cumbria (AG) Network Director: North Cumbria (CR) Director of Planning & Performance (PR) Governing Body Support Officer (BT)
For Item 10 only	Eleanor Hodgson	Director for Children and families (EH)
For Item 12 only	John Roebuck	Interim Programme Director, IM&T (JRo)

**GB 80/14 Agenda Item 1: Welcome and Apologies**

The Chair welcomed everyone to the meeting. No apologies were received. A special welcome was given to Jane Irwin who was attending as an observer for the Local Medical Committee.

The Chair apologised for any inconvenience caused by the change of venue at short notice and for the lateness of the availability of the agenda and supporting documents.

In response to a question from SS the Chair confirmed that the CCG made every effort to ensure that papers were produced on time. He confirmed that this was the first time they had been late and again apologised for the lateness on this occasion.

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GB 81/14 **Agenda Item 2: Declarations of Interest**

There were no declarations of interest.

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GB 82/14 **Agenda Item 3: Minutes of the Governing Body Meeting held on 6 August 2014**

In response to a question from JR, DR advised that Venetia Young had been appointed as the Adult Safeguarding Lead for the County.

**Resolved:** The minutes of the above meeting were agreed as an accurate record

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GB 83/14 **Agenda Item 4: Questions from members of the public present**

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

The Chair gave a special welcome to Jane Anderson and Olwyn Luckley who had both been newly appointed as Lay Members for the Carlisle locality.

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GB 84/14 **Agenda Item 5: Chair & Chief Officers Report**

The report was presented by NM highlighting the following:-

**Out of Hospital care team moving into the community**

In response to a question from LH, NM advised that the relocation of Cancer Care from the Cumberland Infirmary Carlisle (CIC) to Reiver House would have no implications on the Henderson Suite at West Cumberland Hospital.

**NHS Cumbria CCG recruiting now for Cumbrian MY NHS**

General discussion took place regarding the recruitment for My NHS. RG discussed the potential benefits of adopting an innovative approach in order to recruit people who had not been involved in healthcare before. NM confirmed that social media was being used and LH advised that he had asked Age UK to advertise the posts on their website to support this initiative.

**Cumbria's Patient Feedback System**

An update on the launch of the Cumbrian patient feedback website was given by JR. A discussion took place regarding the features of the website and plans for improvements to it. JR discussed the feedback already received on patient experiences in Cumbria, advising that much of it had been positive. It was noted that the address for the website was [www.cumbriapatientfeedback.net](http://www.cumbriapatientfeedback.net)

**National Commissioning Assembly**

The Chair advised that he had attended the National Commissioning Assembly on Tuesday 30 September 2014 where Simon Stephens, NHS England Chief Executive highlighted priority areas in the short and medium term. Over the next six months key priorities included:

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- Meeting NHS Constitution targets – in particular waiting times for patients. Improvements have been made over the last decade but need to ensure that these were maintained
  - Mental Health - Dementia programme – The NHS committed to ensuring people were diagnosed as early as possible to enable treatment and support to be put in place
  - Learning Disabilities – ensuring that services were in place to support people with Learning Disabilities

Over the medium term the priorities are:

- Stabilising the system – This means avoiding new performance targets with the exception of two new measures to support and improve access to Mental Health services
- The NHS Five Year Forward View – This paper describes the potential new system wide models of care, and proposes a role for smaller hospitals. It is intended that 50% of the Healthcare system in England will have adopted new models in the next five years. It is also expected that there will be integration between health and social care in terms of commissioning and provision

**Resolved:** The report be noted

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GB 85/14 **Agenda Item 6: Primary Care Proposals for Investment**

CR presented the proposals for the Allerdale and Carlisle localities and AG presented the South Lakes localities' proposal.

A discussion ensued regarding the need to ensure that investment in the project was used appropriately. CW confirmed that these investments were part of the Better Care Together fund and therefore would be monitored through that process and would be reviewed by Cumbria County Council and the CCG from April 2016 onwards.

CR advised that the evaluation criteria for these projects were still being determined; it was planned that each scheme would have the same success criteria and the evaluation would be supported by the North of England Commissioning Support (NECS).

Proposed by Anthony Woodyer, seconded by Peter Scott.

**Resolved:**

1. The developments outlined for the Allerdale, Carlisle and South Lakes Localities be approved
2. It was agreed that for all schemes the £5 per head and network investments in general practice was non-recurring funding and would apply for the whole of the 2015/16 financial year

CR left the meeting

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GB 86/14    **Agenda Item 7: Mental Health Update**

The report was presented by DR.

The Governing Body considered the structure of The Mental Health Partnership Board. SS confirmed that BLWN was the Best Life Wellbeing Network, a project managed by People First Independent Advocacy through a service level agreement with CCG.

In response to a question from JR, PR advised that the Mental Health Strategy for Children was still to be finalised.

Discussion took place regarding the data presented in the Cumbria Mental Health and Emotional Wellbeing Strategy, carried out by the BLWN. RG advised that because the data in the report only detailed the number of responses received and not how many people were sent the survey, it was difficult to measure the effectiveness of that exercise.

In response to a question from JI, NM confirmed that issues relating to eating disorders were addressed in the strategy.

**Resolved:** The report be noted

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GB 87/14    **Agenda Item 8: South Cumbria “Better Care Together (BCT)” Programme**

The report was presented by GJ.

A discussion took place regarding the extensive public engagement process that was required to achieve the change proposed in the strategy. In response to concerns raised by SS, GJ advised that there would be significant public engagement activity in addition to that detailed in the report.

In response to concerns regarding the publication date of the BCT strategy the Chair advised that it was anticipated that the document would be due for submission to NHS England at the end of October and following this a version would be produced to support the release to the wider public.

**Resolved:** The report be noted

AG left the meeting

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GB 88/14    **Agenda Item 9: North Cumbria “Together for a Healthier Future (TfaHF)” Programme**

The report was presented by PR.

Discussion took place regarding public engagement activities relating to the future of hospital services in North Cumbria. PR advised that a complete and comprehensive plan covering the questions being asked by the public would be delivered by the end of the financial year.

**Resolved:** The report be noted

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GB 89/14 **Agenda Item 10: Cumbria & North Lancashire Maternity Review**

The report was presented by EH.

In response to a question from RG EH confirmed that there would be a midwife in the Maternity Review group.

Discussion took place regarding the timescale for completion of the Maternity Review. PR advised that due to the Royal College of Obstetricians and Gynaecologists having a significant process of quality assurance, no specific date had been given. However, it was envisaged that the findings from the review would be received by January or February 2015.

JR asked that it be noted that the Maternity Review had started later than anticipated due to the Royal College of Obstetricians and Gynaecologists requiring significant negotiation to commit to carrying out the review.

**Resolved:** The report be noted.

EH left the meeting.

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GB 90/14 **Agenda Item 11: Risk Management Assurance Framework**

CW presented the report.

In response to concerns raised by SS regarding risks to the public in the Risk Management Framework, CW advised that the purpose of the Risk Management Framework was to highlight risks to the organisation. Other mechanisms were in place to raise quality risks and improve outcomes for patients.

**Resolved:** The report be noted

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GB 91/14 **Agenda Item 12: Informatics Report**

The report was presented by JRo.

Discussion ensued regarding the benefits of the various informatics activities that were being carried out in Cumbria. In response to a question from JR, JRo advised that it was intended that the Telehealth system would be available across the whole of Cumbria.

**Resolved:** The report be noted

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GB 92/14 **Agenda Item 13: Quality Report**

The report was presented by DR.

Members were reminded that this report was considered extensively by the Outcomes and Quality Assurance Committee prior to it being submitted for assurance to the Governing Body.

NM expressed his gratitude to Dr Neela Shabde, Clinical Director of Children's Commissioning, for providing cover as Designated Doctor for Safeguarding

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Children following Dr Nicola Cleghorn stepping down from the role.

**Resolved:** The report be noted

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GB 93/14 **Agenda Item 14: Performance Report**

The report was presented by PR.

Discussion took place regarding feedback on safety concerns around cancer waiting times. SS advised that Healthwatch Cumbria was currently gathering feedback around cancer services and that, once available, the information would be shared with the CCG.

**Resolved:** The report be noted

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GB 94/14 **Agenda Item 15: Finance Report**

CW presented the report advising that whilst the CCG was forecasting a £5 million surplus it was important to note that in making this forecast there were considerable cost pressures which could risk achieving this position. In particular Appendix 2 of the report demonstrated the hike in activity within Continuing Health Care. Therefore work had commenced to implement a further cost improvement plan and this would be presented to the Finance & Performance Committee in due course.

**Resolved:** The report be noted

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GB 95/14 **Minutes of:**

Clinical Leads Group:

- 17 July 2014
- 21 August 2014

Locality Executives:

Allerdale:

- 24 July 2014
- 28 August 2014

Carlisle:

- 23 July 2014

Copeland:

- 24 July 2014

Eden:

- 31 July 2014

Furness:

- 11 July 2014
- 08 August 2014

South Lakes:

- 03 July 2014

**Resolved:** The minutes be received for information

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GB 96/14 **Any Other Urgent Items of Business**

There were no other urgent items of business.

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GB 97/14 **Questions from Members of Public Present**

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

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GB 98/14 **Date and Time of the next meeting:**

Commencing at 13:00 on Wednesday 3 December 2014 at The Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

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The meeting closed at 16:50

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

There were no questions asked.

## Questions and Answers from the Public – Agenda item 18

### Liz Clegg - Agenda Item 7 - Mental Health Update

The new Chief Constable said that 12% of police work in Cumbria is dealing with people with mental health problems. Are the police being involved with developing the Mental Health Strategy? Will they be represented on the Mental Health Partnership?

NM advised that there were various figures being mentioned regarding the percentage of police work in Cumbria spent dealing with people with mental health problems. NM confirmed that the police are involved in developing the Strategy, explaining that whilst they are not a sitting member of the Partnership group they would be invited to attend meetings when issues in relation to the criminal justice system were discussed.

PR advised that he had discussed this issue with the Chief Constable and that the police had been invited to provide the CCG with additional information so that the CCG could then respond. PR also advised that 12% of police work was not necessarily an inappropriate amount to be spent dealing with people with mental health issues. This was due to the fact that sometimes support would be needed from the police if a Healthcare worker was facing extreme forms of violence.

### Evelyn Bitcom

- 1) **Agenda Item 7 – Mental Health Update** – Do deterrents of mental health, all ages, have a place in the planning and monitoring of the joint strategic needs assessment both locality wide and across Cumbria?

Evelyn also advised that councils were allowed to choose what they measure in the joint strategic needs assessment; this is done in conjunction with the NHS. To get improvements in mental health we have to get local authorities and all services speaking about deterrents in localities on mental health, and also when the primary care and acute services use the Strategy in their business, planning towards governance as well as understanding and incorporating parity of esteem.

- 2) The new Mental Health Strategy needs to go all the way across the third sector organisations, so that everyone is given a chance to understand it, if it is to work; will you encourage or ask the CVS Action for Health network to actively support and promote the new Mental Health Strategy?

NM & HR advised that as this was something to be done beyond the completion of the Strategy it wasn't yet confirmed which organisations would be used. HR explained that the CCG themselves would not be making the decision about who should be involved but would instead be going to the third sector organisations and asking them to advise the CCG who should be involved.

- 3) **Agenda Item 9 – North Cumbria Programme Together for a Healthier Future** – Years ago closer to home services were promised to Cumbria, but we’re actually going away from these services now. In West Cumbria, if there was a serious incident at Sellafield, what would we do with the people? We do not have good networks to Carlisle; travel isn’t good. There is poverty in West Cumbria; a lot of people don’t own cars. Why are we not making a case to the Government around the geography and deprivation in Cumbria?

The Chair advised that the CCG were constantly making representations to the Government regarding the geography and deprivation in Cumbria. Regarding responses to major incidents, DR advised that all NHS trusts have to do a major incident action plan. The Chair also explained that there were national exercises to prepare for major incidents. It was advised that in the event of a major incident it would be likely to go beyond what West Cumberland Hospital could cope with; an example of this would be the Cumbria shootings incident in 2010, when the situation went quickly beyond what West Cumberland Hospital could cope with, as was the case in most areas where major incidents occur. It was also advised that closer to home services were related to routine, regular activities rather than responses to major incidents. The Chair explained that the CCG strives to make sure that these services were there on a day to day basis when everyone needs them.