NHS
North Cumbria
Clinical Commissioning Group

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 4 April 2018
The Oval Centre, Salterbeck, Workington, Cumbria. CA14 5HA

Present:	Jon Rush	Lay Chair **(Chair)** (JR)
	Amanda Boardman	Lead GP – Lead GP Children and Adult Safeguarding (AB)
	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Colin Patterson	Lead GP – Primary Care (CP)
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Peter Scott	Lay Member – Finance & Governance (PS)
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)
Observers:	Sue Stevenson	Healthwatch Cumbria (SS)
In Attendance:	Julie Clayton	Head of Communications (JC)
	Eleanor Hodgson	Director of Children's Integration (EH)
	Caroline Rea	Director of Primary Care and Integrated Care Communities (CR)
	Anna Stabler	Director of Nursing & Quality (ASt)
	Brenda Thomas	Governing Body Support Officer (BT)

GB 25/18 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting, in particular Anna Stabler who had been seconded from North Cumbria University Hospitals Trust (NCUHT) to join the CCG as its Director of Nursing & Quality. Apologies were received from Denise Leslie – Lay Member for Public Engagement and Peter Rooney – Chief Operating Officer.

GB 26/18 **AGENDA ITEM 02: Declarations of Interest**

Anna Stabler, Director of Nursing & Quality declared an interest in Agenda Item 14, Quality Exceptions Report from the Outcomes & Quality Assurance Committee due to her being seconded from North Cumbria University Hospital's Trust.

GB 27/18 **AGENDA ITEM 03: Minutes of the Governing Body Meeting held on:**

- 7 February 2018 & Action Log

Resolved: The minutes of the meeting were agreed as a true record subject to the

following amendment(s):

Minute GB 5/18, Agenda Item 5, second line of the first paragraph vacations should read vaccinations.

Minute GB 7/18 – Agenda Item 16, insert that Charles Welbourn left the meeting after the end of this item.

Matters arising:

Page 3, GB 8/18, Agenda Item 6, third paragraph down – In response to a question from LH, JC confirmed that as part of the co-production work contact had been made with Sue Graham, HR department of Sellafield.

Page 9, GB 19/18, Agenda Item 19, Improvements to the A595, The Chair confirmed that a letter of support of Cumbria County Councils submission to the Department of Transport for improvements to be made to the A595 had been sent.

Page 10, Questions from Member of the Public Present, Last paragraph: The Chair confirmed that Neil Hughes had attended a meeting with JC and himself and his questions had now been answered.

There were no amendments to the action log.

- 21 March 2018

Resolved: The minutes for the above meeting were agreed as a true record subject to the following amendment(s):

Peter Scott, Lay Member for Finance & Governance be added to those present at the meeting.

GB 28/18 **AGENDA ITEM 04: Questions from members of the public present**

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

GB 29/18 **AGENDA ITEM 05: Chair & Accountable Officer Report**

DR presented the report. In relation to the Staff Survey he highlighted the significant improvements which had been seen in the latest survey and thanked everyone involved in achieving this. The following key areas were also noted:

- The outcome of the application to join the next wave of integrated care systems was still awaited from NHS England.
- NHS England had confirmed that its team overseeing the Cumberland Infirmary Carlisle (CIC) action plan had now been stood down with usual fire resilience issues now handed back to the local system.
- The Care Quality Commission (CQC) was undertaking a review of our health and care system and the outcome of the review was expected in May 2018.
- Healthwatch were thanked for the Community Hospitals Report which it had published.

- Staff across the system, including the Mountain Rescue teams, were thanked for keeping services open during the recent extreme weather conditions.
- The CCG continues to monitor the Norovirus outbreak at the Cumberland Infirmary, Carlisle.
- Stephen Childs, Interim Chief Executive of North Cumbria CCG had left on 31 March 2018 and he was thanked for all his hard work during his time with the organisation.

In response to the information on the Healthwatch Community Hospitals Report, SS advised that Healthwatch had deliberately focused on members of the public who were involved and expressed her disappointment in the comments of this item as the report had never intended to include the health and care staff working across the system.

In relation to the Staff Survey, RG acknowledged that there was a small increase in the percentage return by CCG staff in the 2017 survey. However she expressed concern that both the CCG and the National return figures were still quite low.

RG also added her thanks to Stephen Childs (SC), stating that whilst she had been sceptical when NHS England had advised they were appointing an Interim Chief Executive, SC had been the right person at the right time. He had helped to bring the whole healthcare system together and to work on the challenges across Cumbria. **It was agreed that the Chair would send a formal letter of thanks from the Governing Body to SC.**

In response to a question from LH, the Chair confirmed that SC's departure had not been sudden and his secondment had always been scheduled to end on 31 March 2018.

Resolved: The report be noted.

GB 30/18 **AGENDA ITEM 06: Healthcare for the Future Update Report**

DR presented the report advising that it had now been over 12 months since the Governing Body took the decision after the public consultation on Healthcare for the Future. He confirmed that this would be the last full report but progress would still be update in the Chair and Accountable Officer Report. He then provided an overview of the progress detailed in the report.

RG asked if the 70% of planned orthopaedic operations which had now been carried out were just relating to Carlisle? It was confirmed that these were the figures related to the whole of North Cumbria.

Resolved: The update be noted.

GB 31/18 **AGENDA ITEM 07: Implementation Reference Group Recommendations in Relation to Community Hospital Medical Beds and Acute Stoke Care**

Community Hospital Medical Beds

The Chair introduced this item. He advised that since the production of the report a further recommendation had been drafted to enable the North Cumbria System Leadership Board – Committee in Common, to become the decision making body for the implementation of the community bed closures (at Alston, Maryport and Wigton) and the Hyper Acute Stroke Unit at Cumberland Infirmary Carlisle. It was considered that this was the best forum to provide assurance and monitor process of the implementation of these services.

SS reminded everyone that she represented Healthwatch Cumbria and was present as an independent observer to the Governing Body's proceedings and not as a voting Member.

DR presented the report highlighting all six recommendations as detailed in the report. In relation to bed closures at Alston, Maryport and Wigton Community Hospitals, DR advised that assurance was still being sought on the timelines for closures from Cumbria Partnership Foundation Trust (CPFT). However, he confirmed that beds would not close until assurance had been given that adequate provision was in place across the system for the closures to begin. It was also advised that in the pre-consultation business case it had been estimated that savings on the bed closures would be £900,000 however, the actual saving had now been revised down to £700,000. Members were reminded that cost savings had not been the driver for these changes as it was about delivering safe and sustainable services within a community setting.

KW as Chair of the Implementation Reference Group confirmed that it had scrutinised the following reports in detail prior to them being presented to the Governing Body:

- Implementation Reference Group Report: Community Hospitals and Acute Stroke Care
- Community Hospitals Strategy Service Redesign Wigton, Alston Moor and Maryport – March 2018
- The Alston Plan – 2017-2020
- The Maryport Plan – January 2018
- The Wigton and Solway Plan – Working in Partnership
- Co-production – what it means for Wigton, Maryport & Alston
- Improving Stoke Services in North Cumbria

KW also confirmed that there was a lot of work going on to make sure these changes work for Cumbria.

The Chair outlined the content of a letter received from the Community Members of Maryport Alliance about the proposed changes to the beds of Victoria Cottage Hospital and the response sent by the CCG. **He confirmed that the letter and**

response would be placed on the CCG website for completeness.

Discussion ensued around proposed use of hospitals after the bed closures had taken place. One example of this was the fact that Alston Community Hospital had continued to deliver rehabilitation services even though the beds have been closed due to staff shortages for some months.

In response to a question from AB about the training referred to in Page 8, under the heading of Timeline, it was agreed that assurance would be sought from CPFT that this would include GP training for those who will be supporting the integration of services. In addition assurance would also be sought that timely advise would be available to GPs from Consultants/Medical Teams as necessary when they were working in the community.

Proposed by David Rogers, seconded by Charles Welbourn;

Resolved:

1. The permanent closure of medical beds at Alston Community Hospital be approved with immediate effect subject to the conditions outlined in 4 below;
2. The permanent closure of medical beds at Maryport Community Hospital be approved using a phased approach between April – October 2018 subject to the conditions outlined in 4 below;
3. The permanent closure of medical beds at Wigton Community Hospital be approved using a phased approach between April – October 2018 subject to the conditions outline in 4 below;
4. The approval of 1 to 3 above are subject to the appropriate workforce model, as described in Appendices 1 to 4 of the report, being delivered and the final agreement on the availability of the required residential rehabilitation beds in each of Alston, Maryport and Wigton.

Hyper Acute Stroke Unit at Cumberland Infirmary Carlisle

DR presented the elements of the report appertaining to the proposals on the Hyper Acute Stroke Unit. He advised that North Cumbria University Hospitals Trust (NCUHT) had also sent through some addition comments around capacity, governance, engagement and sustainability. These were as follows:

Capacity

- Whilst it was noted that the optimum position was recruitment of the appropriate number of stroke physicians; NUCHT know the challenges and would ask that the Governing Body be made aware that the delivery of services would be through a composite model that was likely to include consultants from other disciplines such as, neurology and elderly care and that consideration would also be given to non-medical consultants.

  This would hopefully indicate to Members that NCUHT were looking to diversify its approach and that this diversification would not reduce quality and safety of service.

- Access to diagnostics was an essential element and it would be worth conveying to the Governing Body that there where capital development plans emerging to support this and that cover whilst these plans evolve would be via flexible planning in use of mobile scanners as is current practice.

- In relation to ring fenced beds NCUHT were clear that this was a requirement but, it needs the Governing Body to be aware that it will continue, as it does currently, to work flexibly across the full bed base to ensure all patients were placed in the area appropriate to their needs.

Governance

- Members were asked to note that there was oversight and strong support from the Trust Board.

Engagement

- The Trust has emphasised the commitment to delivery.

Sustainability

- Early discussions have been undertaken with Newcastle-Upon-Tyne Hospitals NHS Foundation Trust (NUTHT) on stroke remote support.

DR then reiterated the timelines for stroke treatments as follows:

- 4 hour window to provide thrombolysis treatment
- A CAT (Computerised Axial Tomography) Scan within 1 hour of being admitted for treatment

Discussion ensued around the fact that there was already a commitment within the system for there to be a Hyper Stroke Unit at Cumberland Infirmary Carlisle. Explanations were made around how patients would be assessed to establish which hospital they would be treated at and how pre-alerts were given to hospitals when suspected stroke patients were on route by ambulance.

The Chair then read out recommendations 5 and 6 detailed in the report and re-read the additional recommendation around the System Leadership Board/Committee in Common becoming the decision making body for implementation.

Discussion ensued around the wording of the first bullet point of the conditions contained in recommendation 5. It was agreed that the wording be amended to say appropriate composite workforce and appropriate number of Physicians.

Resolved:

5. A Hyper Acute Stroke Unit at Cumberland Infirmary, Carlisle be approved to be implemented subject to the following conditions being put in place and subject to financial investment condition outlined in 6 below:
    - Recruitment to the appropriate composite workforce, with the appropriate number of Physicians (including Locums but substantive post holder wherever possible), Elderly Care Physician and additional Specialist nursing staff (a likely required increase in the latter of 2.5

whole time equivalents)

- The appropriate level of Occupational Therapist, Physio and Speech and Language Therapist input
- Access to a second CT scanner, and appropriate access to Ultrasound and MRI as required
- The establishment of 10 ring fenced beds for stoke care (recognising that there needs to be appropriate flexibility in the total bed usage)

6. It was noted that:

    - the implementation of the Hyper Acute Stroke Unit would be subject to a system level agreement on the required financial investment; and
    - the CCG were in continued discussions with all partners about the collective use of the available investment resources for clinical standards, with an expectation that this development will be prioritised.

7. The North Cumbria System Leadership Board/Committee in Common be approved to be the decision making body to provide assurance regarding the implementation of the bed closures at Alston Community Hospital, Maryport Community Hospital and Wigton Community Hospital and the Hyper Acute Stroke Unit, along with the associated conditions.

Action: DR to send a letter to Stephen Eames detailing the decisions of the Governing Body (as detailed above).

GB 32/18 **AGENDA ITEM 08: North Cumbria CCG Operational and Financial Plan 2018/19**

CW presented the report explaining that NHS England required all CCG's to update their 2017/19 two year operational plan in line with the latest Planning Guidance issued in February 2018. On the 8 March 2018 the CCG submitted its revised draft plan with final submission required by 30 April 18. CW advised that because there was not another Governing Body scheduled until June 2018 the final submission would be submitted to the Finance and Performance Committee in April 18.

CW then ran through the financial aspects as detailed in the report.

In response to a question from LH, CP advised in relation to savings on the purchase of drugs, not all alternative lower costing drugs suit everyone. However this did not mean it was a false economy and it was why the CCG was not looking for a 100% saving in this area.

In response to a question from PS, CW confirmed that the following were the major areas of risk across the whole health economy:

1. General increase in activity – dependent on whether current increases are short term or long term;
2. Significant transition of delivering services as it will be challenging to make changes and savings within the timescales identified; and

3. Long term care for patients and the increasing numbers requiring this.

Proposed by Kevin Windebank; seconded by Colin Paterson;

Resolved:

1. The draft plan in its current form be approved (enabling the CCG to use the financial plan as it's provisional budget pending agreement of the final plan);
2. The submission of the final document be approved for submission on 30 April 18 be approved on the basis of no material change, and that any update will be reported at the next meeting of the Governing Body.
3. It be agreed that any material change be discussed at the April 18 Finance & Performance Committee, prior to submission on 30 April 18 (also subject to the provisions of 2 above).

GB 33/18 **AGENDA ITEM 09: Review of the Working Arrangements of the Governing Body (GB) and its Committees**

JR presented the report advising at its Governing Body Development Session on the 21 March 2018 Members had considered the work undertaken by it and its Committee's and were assured that the CCG had appropriate arrangements in place for ensuring that it complied with the accepted principles of good governance.

It was noted that the approval date on the attached Terms of Reference (ToRs) should read April 2018 and not June 18. In addition the Chair advised that there was an omission in the Primary Care Committee Terms of Reference (ToRs) and that the following should be included in the said ToRs as 11.3:

In the case of low level decisions that may arise from time to time, the Chair shall use his/her discretion in making a decision in isolation. Should the Chair choose to make a decision in this way then they will report this to the next Committee meeting for ratified.

Proposed by Ruth Gildert, seconded by Les Hanley;

Resolved:

1) It be noted that the review of the Governing Body and its Committees had taken place in line with national guidance and that the relevant codes of conduct/good governance specified in the report; and
2) The ToRs for the following committees attached to the report be approved subject to the amendments specified above:
    i. Audit Committee
    ii. Auditor Panel
    iii. Executive Committee
    iv. Finance & Performance
    v. Implementation Reference Group
    vi. Outcomes & Quality Assurance Committee
    vii. Primary Care Committee
    viii. Remuneration Committee
    ix. Joint CCG Committee for Cumbria and the North East (CNE)

GB 34/18 **AGENDA ITEM 10: North Cumbria CCG Quality Strategy 2018/2021**

ASt presented the report outlining that the strategy had been developed to support the robust monitoring of the services that the CCG commissions in North Cumbria. The three year strategy would provide a direction of travel and key performance measures in relation to each quality domain. It also describes the areas of improvement to sustain and continuously improve the provision of safe effective quality services for the population of North Cumbria. ASt confirmed that the Strategy had been approved by the Executive Committee on 22 March 2018 and was being presented to the Governing Body for transparency and completeness.

ASt thanked everyone involved in the development of the strategy. LH as Chair of the Outcomes & Quality Assurance Committee thanked ASt and her team for the excellent work in developing this strategy. He stated it would help define how the Outcomes & Quality Assurance Committee would monitor and provide assurance to the Governing Body on quality outcomes. RG agreed with LH's comments.

Resolved: The content of the Strategy be noted.

GB 35/18 **AGENDA ITEM 11: Clinical Based Value Policy Review Spring 2018**

CP presented the report advising that the Governing Body had had this policy presented to it at its Governing Body Development Session on 7 March 2018 for comment prior to it being submitted to the Executive Committee for approval. This approval was granted on 22 March 18 and was being presented to the Governing Body for transparency and completeness.

Resolved: The contents of the policy be noted.

GB 36/18 **AGENDA ITEM 12: Assurance Framework**

CW presented the report advising that the Assurance Framework was compiled from the top organisation risks on the CCG's Corporate Risk Register. He confirmed that the Corporate risk register was reviewed on a monthly basis by the Programme Review Group. It was then presented to the Finance & Performance Committee at its meeting on 21 February 2018 which recommended it for approval by the Governing Body today.

Proposed by Les Hanley, seconded by Kevin Windebank;

Resolved: The contents of the report be noted and the Assurance Framework be approved.

GB 37/18 **AGENDA ITEM 13: Communication, Engagement and Co-production Report**

JC presented the report advising that it had been renamed from previous years to include the work that had been undertaken on Co-production.

RG praised the report as a very positive report. She also noted that the number of Freedom of Information Requests (FOIs) had sprouted into an industry of their own. Discussion ensued and it was agreed that **the CCG should try to establish whether or**

not there is provision in the Act to enable it to refuse information that could be obtained via another means. In addition if relevant it may be prudent to raise this issue at the Joint CCG Committee for Cumbria and the North East as a piece of work that could be undertaken jointly.

SS reminded everyone that Healthwatch Cumbria was independent of the health and care system. This puts it in a unique position to be able to support the co-production project, using the experience of both people and the organisation of co-production activity to date, to help to shape activity in the future.

The Chair thanked JC and her team for all the work outlined in the report but, in particular, the extensive work which had been undertaken to develop the co-production work streams.

Resolved: The Annual Update be noted.

GB 38/18 **AGENDA ITEM 14: Quality Exceptions Report from the Outcomes & Quality Assurance Committee – 16 March 2018**

ASt presented the report highlighting that the report had been streamlined to focus on the quality exceptions which had been identified at the Outcomes & Quality Committee on 16 March 18. This new report had been agreed as part of the review of the said Committee and was in line with the agreed revised ToR and would ensure that the information contained in the report was received by the Governing Body in a more timely manner.

ASt advised that a new system improvement board had been created to benefit both the CCG and the two Trusts. This meeting would include representatives from the both Provider Trusts, the CCG, CQC, NHS England and NHS Improvement. Thus meaning that the trusts would be able to provide the assurance required of them by all the relevant bodies at one meeting. Saving time and resources for all parties.

ASt then outlined the key issue/outcomes detailed in the report. DR asked Members to note that the CCG had received a Regulation 28 notice from the coroner and a response was in the process of being drafted.

In response to a question from SS, ASt confirmed that the complaints and lessons learned from them would be included in the work plan for the Quality Safety Assurance Committee that reports to the System Improvement Board.

AB asked if the key risk was Safeguarding staffing within the CCG – ASt acknowledged that the staffing of the safeguarding team was not in line with the national intercollegiate guidance but noted that this was a similar picture across all CCG's, AS pointed out it was guidance and not mandated. ASt also explained the difference within the NCUHT Classic Safety Thermometer results she noted that the 'Harm Free Care' figures included harms that had occurred in the community, whilst the 'New Harm' figure related purely to harms occurring in the Trust. ASt advised the Governing Body that whilst the figures pertaining to maternity looked worse it should be noted that the denominator was small.

Resolved: The report be noted.

GB 39/18 **AGENDA ITEM 15: Performance Report**

CW presented the report highlighting that it had been considered in detail at both the Finance & Performance and Executive Committee. He advised that the A&E waiting times were usually higher at the Cumberland Infirmary, Carlisle (CIC). However this had swopped to the West Cumberland Infirmary, Whitehaven.

CW stated that there had been positive improvements on the Cancer Waiting time at the NCUHT. CP confirmed that there had been a significant improvement in this area and that it was sustainable.

Resolved: The report be noted.

GB 40/18 **AGENDA ITEM 16: Finance Report**

CW presented the report highlighting that the Annual Report and Annual Accounts were due to be submitted on Tuesday 29 May 2018. The Governing Body had delegated authority to the Audit Committee to sign off the Annual Report and Annual Accounts. However there was a possibility that, as there were only three Member of the Audit Committee and one was away, it may not be quorate. Therefore there may be a requirement to schedule a Part 2 Governing Body meeting for the afternoon of the 24 May 2018 solely to sign these off prior to the submission deadline.

CW then highlighted the year to date position as detailed in the report. Confirming that the CCG still anticipated it would achieve its control total as predicted.

Resolved: The update be noted.

GB 41/18 **AGENDA ITEM 17: Minutes of:**

Executive Committee:

- 23 November 2017
- 18 January 2018

Finance & Performance Committee:

- 17 January 2018
- 21 February 2018

Primary Care Committee:

- 18 January 2018

Outcomes & Quality Assurance Committee:

- 15 December 2017
- 19 January 2018

Resolved: The minutes of the above meeting be received.

GB 42/18	**AGENDA ITEM 18: Wider System Meeting Minutes** System Leadership Board Meeting: • 08 February 2018 **Resolved:** The minutes of the above meeting be received.
GB 43/18	**AGENDA ITEM 19: Any other urgent items of business** The Chair advised that there was a requirement to take an additional item of business in Part 2 of this meeting. The item was Cumbria County Council Care Costs.
GB 44/18	**AGENDA ITEM 20: Questions from members of the public present** Questions from members of the public and the answers are contained in Appendix 2.
GB 45/18	**AGENDA ITEM 21: Date and time of next meeting approved:** Wednesday 6 June, 2018, commencing at 13:00 in Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

The meeting closed at 16:31

Appendix 1

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

Bernard Courtney

What is the current staffing situation for Maternity at West Cumberland Hospital (WCH), Whitehaven and is Option 1 achievable?

EH confirmed that the staffing structure had remained the same for years. However with the resignation of obstetricians at the hospital there had been cover by short term locums which led to instability in the system. She advised that there has been a slow measure of improvement in staffing levels recently with the Trust having been able to appoint long term locums and this has led to more stability at WCH. In addition Carlisle Infirmary, Carlisle (CIC) workforce had also become more stable.

JR advised that the 12 month timeline to try to implement Option 1 had commenced and there was a lot of work being undertaken to achieve this, although at this stage it was too early to say whether or not it would be achievable.

When do the 100-200 women from West Cumbria start to be moved to the CIC for monitoring and birth?

EH advised that a detailed plan was being established to identify who will move to CIC. Once this work has been completed it will determine the timeline for people to start moving.

Does the CCG have a strategy to introduce telemedicine/teleconsultation and other forms of telehealth to North, East and West Cumbria noting our remote and rural nature?

DR advised that there were already pieces of work being undertaken in this area. However the CCG does not have a specific strategy but telehealth does form part of the Digital Road Map Implementation plan which, is a wider IT scheme.

Sue Gallagher

Agenda Item 8, Page 2, states there are three new standards but there are only two listed?

The Chair advised that the third new standard would be identified and included in the minutes for completeness.

Agenda Item 8, North Cumbria Draft Operational Plan April 2018, Page 2, fifth paragraph should have read

"Three new standards have been introduced for 2018/19. They are:

- Improving Access rates for Children's and Young People's Mental Health Services to 35% by 20/21;
- Waiting times for urgent and routine referrals to children's and young people's Eating Disorder services. For urgent referrals, 95% to be within 1 week by 2020.
- Waiting times for urgent and routine referrals to children's and young people's Eating Disorder services. For other referrals 95% to be within 4 weeks by 2020.

Do we have specialist services in Cumbria or will those with eating disorders have to travel out of County?

CW advised that historically they had to go out of County. However the CCG is working closely with CPFT to establish a local service.

Roger Liddle

Will the CCG endorse the assurance Stephen Eames has given to me that there will be no final closure of impatient beds at Wigton Hospital until alternative arrangements are in place? Does the CCG agree that these alternative arrangements must include:

- *The availability of NHS beds at an alternative, local residential facility – Re: Inglewood Care Home*
- *A fully staffed community service*

DR advised that there will not be the traditional NHS beds available but there will be beds for care available.

KW, as Chair of the Implementation Reference Group, advised that the assurance sought formed part of Agenda Item 7 of the meeting.

Appendix 2

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

Evelyn Bitcom

Will co-production education be included in the Cumbria Learning and Improvement Collaborative (CLIC) programme as it was useful?

JC confirmed that Healthwatch Cumbria and CLIC were developing a toolkit on co-production which will be made available to support more people to get involved and form part of future leadership training for all NHS managers and form part of the Cumbrian Production System.

How will Mental Health and Learning Disability service provision be included in the development of Integrated Care Communities (ICC)?

It was confirmed that work was ongoing to embed these services into the ICC systems as they were being developed. However a fuller more detailed response would be sought and forwarded direct to EB by email.

Is the CCG assured that the NHS Constitution is legal?

Yes.

Brampton Community Hospital beds were originally under threat of closure. Why did it go off the list being considered by the CCG on 8 March 2017? Why did Brampton League of Friends donate £370,000 to the CCG and did this have any impact on their beds being removed from the list?

CW advised that he was not aware of any donation being made to the CCG by the Brampton League of Friends but he would double check and email EB to notify her of the outcome of his findings.

Sue Gallagher

Hyper-acute Stoke Unit – it is not clear if this will a 24 hours specialist unit?

DR advised that yes this would be a 24 hour specialist at the CIC.

In response Sue Gallagher asked if this included the thrombolysis treatment being available 24 hours a day seven days a week.

DR advised no and as far as the CCG is aware this is only in London. However the Stroke Unit being established at CIC was in line with the national guidance and best practice.

Community Hospital report – page 9 – what is decamped?

It was confirmed that this meant that the beds would be moved elsewhere whilst renovations were being undertaken.

David Parker

In terms of drug switches, has the CCG considered using rebate schemes?

CW advised that the CCG had and did consider using rebate schemes where appropriate.

Roger Liddle

RL confirmed that that his earlier questions had been answered and that he was re-assured. However he sought further assurance that out-patient services would be retained at these community hospitals.

KW confirmed that the proposed closures were only in relation to inpatient beds. It was still intended that the community hospitals would remain and would still hold out-patient services. In addition it was envisaged that more local services would be provided as ICCs developed.