

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 6 December 2017
Energus, Blackwood Road, Lillyhall, Workington. CA14 4JW

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)
	Denise Leslie	Lay Member – Public Engagement (DL)
	Colin Patterson	Lead GP – Primary Care (CP)
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Peter Rooney	Chief Operating Officer (PR)
	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)
	Brenda Thomas	Governing Body Support Officer (BT)

GB 76/17 AGENDA ITEM 01: Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Caroline Rea – Director of Primary Care and Integrated Care Communities and Louise Mason Lodge – Deputy Director of Nursing and Quality.

GB 77/17 AGENDA ITEM 02: Declarations of Interest

There were no declarations of interest.

GB 78/17 AGENDA ITEM 03: Minutes of the Governing Body Meeting held on 4 October 2017 & Action Log

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

Page 12, Questions & Answers from Members of the Public – Agenda Item 4, Neil Hughes Question, response from Ruth Gildert last sentence after the comma should read: ‘and in particular they are having a lot of *discussion around* maternity hubs.’

The action log was reviewed and updated accordingly which included the Chair outlining the responses to various questions raised at the meeting on 4 October 2017 and which were provided for completeness in the action log.

GB 79/17

AGENDA ITEM 04: Questions from members of the public present

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

GB 80/17

AGENDA ITEM 05: Chair & Chief Executive Report

The Chair presented the report highlighting the following key areas:

Independent Reconfiguration Panel (IRP) – in summary the Panel advised that it did not consider it necessary to undertake a wider review of maternity services and that the CCG should proceed in the co-production forum to implement Option 1 for Maternity Services as agreed at the Governing Body meeting on the 8 March 2017. It was also confirmed that the outcomes from the IRP could be found by following the links provided in the report.

Winter Plan – A brief update would be given on this within the Performance Report. However the latest flu performance report suggests general practices in North Cumbria were managing to achieve some of the highest patient immunisation coverage rates in the Cumbria and North East region.

Resolved: The report be noted.

GB 81/17

AGENDA ITEM 06: Integrated Health & Social Care

Integrated Health & Social Care Submission Update Report

DR presented the report which outlined the North Cumbria submission for Accountable Care System (ACS) pilot status as detailed in the report. He confirmed that the expression of interest appended to the report had the backing of Cumbria and the North East Strategic Transformation Partnership (STP) and was considered a positive way forward to improve patient care. DR advised that an announcement was expected early in the new year as to which areas had been granted ACS pilot status.

Resolved: The update be noted.

Healthcare for the Future Update Report on Recommendations

DR presented the report highlighting the key risks detailed in the report. It was acknowledged that there had been a lot of progress made. DR also advised that work was progressing with the community alliance groups in Alston, Maryport and Wigton on proposals for alternative use of the hospitals in those areas.

Discussion ensued and in response to a question from CP it was confirmed that the one year timeline for the implementation of the maternity option had not yet commenced. Further discussion took place around this and **it was agreed that DR**

would lead on producing a further report to the Governing Body in February which would outline the process/timescale for triggering the one year countdown for the changes to be implemented. It was also highlighted that the additional £30m of funding provided may also impact on the timelines involved and would need to form part of the February 2018 report.

References were also made to the risk of lack of resources to deliver the outcomes needed for implementation. In addition assurance was sought on how the financial plan element of the business case would be reviewed. Discussion ensued and it was confirmed that the financial plan would be reviewed as part of the 2018/19 financial planning and would be done in conjunction with partner organisations. Resources would also be addressed across the system as a whole.

In response to a question from the Chair, PR advised that the work around alternative proposals for the community hospitals was progressing and it was anticipated that these would form part of the February 2018 update report. It was also noted that as the financial and strategic plans were being reviewed for 2018/19 and all aspects of the business case would be reflected in line with those plans.

Resolved: The update be noted.

GB 82/17

AGENDA ITEM 07: Equality Delivery System (EDS2)

JC presented the report explaining that this interim report had been provided to align the reporting timeframe with providers to enable joint reporting across the STP framework in future. In response to a question JC confirmed that the next report would contain the full detail which had been presented at the February 2017 meeting. However it would be presented later in the year during 2018 (exact timeline to be confirmed) rather than February 2018 to enable the alignment specified above.

Proposed by Les Hanley, seconded by Ruth Gildert;

Resolved: The interim report be approved and published on the CCG website.

GB 83/17

AGENDA ITEM 8: NHS North Cumbria CCG Authorisation to Committees

PR presented the report outlining that the Full Council of Members through the CCG's Constitution/Scheme of Delegation reserves matters to itself and then delegates all other functions to the Governing Body. In turn the Governing Body has the authority to delegate functions to its committees. The report detailed the proposed delegations to the various committees.

PR also asked Members to note the following:

- Scheme of Delegation reference number 8.4 – This related purely to primary care investments schemes within the CCG budget which were set as part of the annual budget approved by the Governing Body. Where a scheme would result in a variation to that budget there would need to be approval from the Governing Body.
-

-
- The above also applied to reference number 8.5 in relation to business cases. However there was an additional requirement in 8.5 that any approval being sought for a business case would need to have been considered and recommended by the Executive Committee.
 - Reference number 5.5 – the clinical members were happy with the proposal that the Outcomes & Quality Assurance Committee approve the CCG’s arrangements for safeguarding, including safeguarding policies, and not the Executive Committee.
 - Authorisation limits for orders and invoices – where it specified that the Chief Finance Officer and Senior Finance Staff have unlimited signoff on contracts, this applies only to contracts approved as part of the annual budget setting process.

CW advised that in relation to approving Primary Care Schemes that were funded by CCG monies (rather than funding delegated by NHS England to determine matters on behalf of them) these had previously been reserved to the Governing Body. This was because it considered that this was the best way to manage potential conflicts of interest appertaining to general practice investment. It also enabled the CCG to demonstrate in public the process for approving these schemes. However, given the Primary Care Committee had now been created to deal with the delegated functions from NHS England and it too is a public meeting with no GP voting members on it, it seemed appropriate to delegate the decisions regarding Primary Care Investments Schemes from CCG funding to that Committee.

PS advised that this was a framework for the CCG to carry out its business and whilst the Governing Body can delegate authority to its committees for some of its decision making, the Governing Body remained accountable. Therefore appropriate reporting mechanisms from the committees needed to be in place to keep the Governing Body assured that it is appropriately carrying out its functions.

In response to a question from CP it was confirmed that a full update on any changes approved by the Governing Body would be reported back to the Full Council of Members at its next meeting. This should include examples of how these decisions support the improvement of patient care.

In response to a question from CP, discussion took place around Continuing Health Care (CHC) and Individual Funding Requests (IFR). PR confirmed that there was another piece of work that will be undertaken as part of a review of the CCG’s financial instructions. CW advised it was important to note that the report here today was about the day to day business of the CCG. CHC and IFR could not be determined by the Governing Body because it was dealing with individual cases which needed to be dealt with in an appropriate setting and not in a public domain. Hence the need to come up with a mechanism within our financial procedures to ensure that appropriate governance arrangements were in place so that when a decision was taken based on the needs of a patient, it had gone through the right process. PR also stated that when looking at these arrangements it would be important to ensure that approval of these packages was not slowed down in any

form as that could impact on a patient receiving treatment.

In response to a question from the Chair, CW confirmed that a 'route map' around the areas specified above would be presented to the Finance & Performance Committee which in turn would provide assurance to the Governing Body.

Discussion ensued around how each committee should report back to the Governing Body. It was agreed that whilst the minutes would be presented to the Governing Body the Chair of each committee should also be presented with the opportunity to outline any key decisions/approvals made.

Proposed by Kevin Windebank, seconded by Amanda Boardman;

Resolved: The delegation to committees outlined in the report be approved.

GB 84/17

AGENDA ITEM 09: Policies for Approval

The Chair presented the report asking Members to note that the policies had been considered in detail by the relevant committees and were being recommended for approval today.

Proposed by Peter Scott, seconded by Les Hanley;

Resolved: The following policies be approved:

1. Non-Medical Prescribing Policy
 2. Mental Capacity Act and Court of Protection/Deprivation of Liberty Safeguarding Policy
 3. Safeguarding Adults Policy for General Practice
 4. HR Policies listed below:
 - HR02 Absence Policy
 - HR03 Adoption Leave Policy
 - HR04 Annual Leave Policy
 - HR05 Career Break Policy
 - HR07 Disciplinary Policy
 - HR08 Equality & Diversity Policy
 - HR10 Further Education & Continuous Professional Development Policy
 - HR11 Grievance Policy
 - HR12 Harassment & Bullying Policy
 - HR13 Induction Policy
 - HR14 Job Evaluation Policy
 - HR16 Managing Work Performance Policy
 - HR18 Appraisal Policy
 - HR20 Parental Leave Policy
 - HR24 Professional Registration Policy
 - HR25 Recruiting Ex-offenders Policy
 - HR26 Recruitment & Retention Premia Policy
 - HR27 Recruitment & Selection Policy
-

-
- HR28 Redeployment Policy
 - HR29 Retirement Policy
 - HR30 Secondment Policy
 - HR31 Substance Misuse Policy
 - HR32 Temporary Promotion Policy
 - HR33 Training & Development Policy
 - HR36 Working Time Directive Policy
 - HR43 Promoting Mental Health and Wellbeing at Work Policy
 - HR44 Volunteer Policy
 - HR45 Work Experience Policy
 - HR46 Relocation Expenses Policy
-

GB 85/17

AGENDA ITEM 10: Better Births Plan

EH outlined the key messages detailed in the covering report.

Discussion ensued and it was noted that without the requested funding from NHS England it may not be possible to achieve all the aspirations within the draft plan. It was confirmed that whilst it was right to be cautious this was an excellent piece of work. It was also acknowledged that there was still a significant amount of work to be done but the funding for a Project Manager and some senior Midwifery support was welcomed. Further discussion took place around the key risks especially in relation to workforce availability and the geography of the area.

Resolved:

1. The content of the Better Birth Plan be noted
 2. The direction of travel outlined in the plan be supported
-

GB 86/17

AGENDA ITEM 11: Quality Report

DR outlined the key areas detailed in the covering report. Discussion ensued around the review of the patient reporting system 'I want great care', in particular how patient feedback would be captured if this was no longer available. The Chair confirmed that work was ongoing around how patient data would be captured in the future. However he advised that one of the benefits to this package was that patients could go onto the 'I want Great Care' website and see the data but the numbers accessing this were minimal. Therefore the reality was that the CCG may not continue with the contract as it did not represent value for money.

Resolved: The report be noted

GB 87/17

AGENDA ITEM 12: Performance Report

PR reminded Members that this report had been considered in detail at the Finance & Performance Committee. PR then outlined the following changes made since that meeting:

- Ambulance response times had been removed from the report as the standards had been changed during the course of the summer and it did not seem relevant to show the response times from last July. The report to the
-

next meeting of the Governing Body will show the response times in relation to the new standards.

- Urgent Care – Page 15 – PR advised that the average handover times of both West Cumberland Hospital and Carlisle Infirmary, had been included in the report. The reason for this was not only to make this visible from both a patient journey perspective and from the perspective of the Winter Planning but because there was also a very strong message from NHS England and NHS Improvement that all transfers from ambulances should be made within fifteen minutes. This was not the case in our local hospitals. CW advised that he was trying to obtain further detail around this standard. However he stated that the half hour standard was made up of two 15 minute blocks – one was the Ambulance Trust response time, which seemed to be working and the second was the 15 minutes in which the Trust should take over the care of the patient. The current data covered both but the new data would see these separated.

Winter Planning

PR advised that additional funding had been announced as part of this Autumn's budget statement for the NHS to support it through the 2017-18 winter period. As a result DR had been involved in discussions with Regional Directors from NHS England, NHS Improvement and Acute Trust colleagues to consider how the North Cumbria System could benefit from some of that resource. The outcomes from those discussions were awaited.

In addition the approval of the Better Care Fund and the Improved Better Care Fund had resulted in some specific actions being implemented which would improve better patient flow this winter. He also confirmed that the winter plans had all been submitted and endorsed by NHS England and NHS Improvement and weekly meetings between Adult Social Care, the Acute Trust, Cumbria Partnership Foundation Trust, the North West Ambulance Trust and the CCG would continue to look at the operational delivery around winter service planning.

Discussion ensued around section 3, the Quality Premium, in relation to the CCG's objectives. Whilst it was acknowledged that each measure featured in the relevant directorate's objectives **it was agreed that a report showing the trajectory against the performance of the Quality Premiums against the organisations objectives should be presented to the February 2018 meeting of the Governing Body.**

Resolved: The report be noted

GB 88/17

AGENDA ITEM 13: Finance Report

CW presented the report highlighting an issue which had occurred as a result of the new arrangement whereby all CCGs pay the same price for specific drugs which could result in cost savings in the prescribing budget. However, Members were asked to note that it could also lead to some drugs being in short supply and therefore a premium may have to be paid for alternatives. **A further update on the impact on the prescribing budget will be presented to the next Finance & Performance**

Committee.

PS asked Members to be mindful that this report was based on the financial position up to the end of October 2017 and, as the worse part of the year was yet to come, there were still a lot of risks in the system.

Resolved: The report be noted.

GB 89/17

AGENDA ITEM 14: Minutes of:

Executive Committee: These minutes be deferred to the next meeting due to further information being required.

Finance & Performance Committee:

- 20 September 2017
- 18 October 2017

Primary Care Committee:

- 14 September 2017

Outcomes & Quality Assurance Committee:

- 18 August 2017

Resolved: The minutes be received for information.

GB 90/17

AGENDA ITEM 15: Wider System Meeting Minutes

System Leadership Board Meeting:

- 14 September 2017
-

GB 91/17

AGENDA ITEM 16: Any other urgent items of business

There were no other urgent items of business.

GB 92/17

AGENDA ITEM 17: Questions from members of the public present

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

GB 93/17

AGENDA ITEM 18: Date and time of next meeting approved:

Wednesday 7 February 2018 commencing at 13:00 in Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

The meeting closed at 15.12

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

Sue Gallagher

Agenda Item 6a – Integrated Health & Social Care Submission Update Report

Are the plans outlined predicted on this securing transformation funding or are the CCG saying they will go ahead even if they do not receive that funding?

The Chair highlighted the fourth paragraph on page 5 of the report which states:

Access to Transformational Funding: Finally, we are working hard to deliver the agreed financial plan across the system. This includes working within the system's combined control total whilst creating our own flexibilities to invest and support our transformational programme. However, the pace within which we are working is important and the case for transformational investment funding is compelling.

Our plans for the implementation of our new clinical model for WNE Cumbria (as designed by the Success Regime) were always predicated on securing funds to meet the double running costs of services shifting from secondary care into the community. We are aiming to secure additional revenue investment of £4.4m but we have agreed as a system to proceed **at risk** with the implementation in order to achieve the transformations in care for our local population in line with our agreed clinical strategy, business case and long term financial plan.

CW confirmed that if funding was not forthcoming it would affect the pace at which this business case could be implemented and would impact on the agreed financial plan, hence the statement above.

Agenda Item 10 – Better Births – Page 8 – Key Areas

With home births not identified in list of priorities, is there an intention to offer this as a birth option?

EH confirmed that the option for a home birth was absolutely part of the midwifery care that would be offered.

RG also advised that as more people took up the option for a home birth and they have positive outcomes, it could lead to more people considering having a home birth.

Neil Hughes

Agenda Item 11 – Quality Report

There was a significant increase in the number of Serious Incidents reported in the last Quality Report presented on the 4 October 2017 in relation to Mental Health, how does this compare in percentage terms to the current report?

DR advised that incidents occur all the time and it is not always possible to compare. He confirmed that all serious incidents were investigated and an action plan developed which had to be signed off by the CCG. As a result there was often a lot of communication between the CCG and relevant Trust around making sure the plans would adequately address the problems the incident had highlighted.

There are differing communications coming out of each of the Integrated Care Communities - is it possible for the CCG, possibly through the Health & Wellbeing Board to have some mandatory form, so by hook or by crook the ICCs can be drawn into genuinely communicating the public? I have been advised that this is

not happening in at least one of the ICCs and possibly others but it was an assurance made to the public as part of Healthcare for the Future. There was talk at the West Cumbria Forum of possibly amalgamating the current area Health & Wellbeing Forum with meeting Health Watch were/are organising or planning to organise.

Sue Stevenson advised that at the last but one West Cumbria Forum there was a proposal discussed that the model of that Forum might be worth considering to replicate in more than one area across Cumbria because it provides a mechanism for representatives of the system to talk to representatives of the community. On the back of that the Governors of the Cumbria Partnership Foundation Trust wanted to increase the opportunity they have to be accountable to the public by involving more members of the public in conversations about what was going on and the Forum was possibly a mechanism of doing that. Subsequently there was a meeting held with others who were involved in that and other types of engagement to think about, are we doing communication and engagement across the system well enough, are we taking account of all the opportunities that we have, should we think long and hard about how we might improve that and at the back of that is replicating that forum model one possible solution. The meeting was a long and productive meeting, Richard Pratt, who chairs that meeting was present as well as Julie Clayton and myself. Out of that came a proposal, which I now have to write up, which is to put in place a bigger meeting where we think about better ways of improving communication and engagement across the system, which may or may not include involve one or more of the things you have mentioned.

Julie Clayton advised that the system is trying to develop an overarching communication and engagement strategy but the ICCs are developing at a different rate and one size will not necessarily fit all the different ICCs/areas. Therefore it is very much about supporting each ICC to develop its own individual ways of engaging and communicating. Currently there is a mapping process being undertaken which will give an overarching template of what they should be doing and it will be up to them to make sure it is delivered in a way that fits each community.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item 17

Sue Gallagher

Quality Report

Within the Quality Report there is a reference to 'Harm Free Care' – is this a new term?

CP it is a term that most GP's will recognise because the first thing they are told is to do no harm. An example of this would be where a knee replacement had been undertaken and then an infection had set in, the intention was not to cause infection but to provide a new joint.

In response to a question regarding the escalation of drug costs CW advised that medicines optimisation teams worked together across the patch and the North East and they provided detailed updates on prescribing trends. This report also included around the top 15 highest cost items so they were looked at in detail. However the problem was that the cost of drugs was outwith the CCG's control as they were set by the industry.

Sue requested that on reports such as the performance reports could there please be some availability to see these in colour, or could the colour be written on the report. It was advised that all reports can be viewed in colour on the CCG website but the CCG would review whether anything can be written into a report which would enable people with a black and white copy to identify the current rating.