Meeting of the Governing Body

NHS Northumberland Clinical Commissioning Group

Held on 21 October 2015, Town Hall, Morpeth

Present:	Mrs Janet Guy	Lay Chair (Chair)
	Dr Alistair Blair	Chief Clinical Officer
	Mrs Karen Bower	Lay Governor
	Mr Steve Brazier	Lay Governor
	Mr Peter Atkinson	Lay Governor
	Dr Paul Crook	Governing Body Secondary Care Doctor
	Dr Frances Naylor	Locality Director
	Mr Rob Robertson	Chief Finance Officer
	Mrs Julie Ross	Chief Operating Officer
	Dr John Unsworth	Governing Body Nurse

In attendance:

Mr Stephen Young	Strategic Head of Corporate Affairs
Mrs Rachael Long	Corporate Affairs Manager

Agenda item 1 – Welcome and introductions

Janet Guy welcomed members of the public to the meeting, saying that she was grateful that they have an interest in the work of the CCG and thanking them for taking the time to attend. This is a public meeting and questions from the public will be taken at the relevant agenda item.

Copies of the CCG's publication 'year in review' are available for members of the public.

Agenda item 2 – Key aspects of the annual report of 2014/15 and Agenda item 3 - NHS England quarter 4 assurance

Alistair Blair reported that he hoped the public were assured by both the level of detail and achievements outlined in the annual report. The CCG's performance in 2014/15 had been recognised as strong by NHS England, through the CCG's Quarter 4 assurance report. He explained that the CCG is responsible for services in hospitals, community services and GP out of hours services. It is not responsible for commissioning specialised services (e.g. transplants) or primary care, which is the responsibility of NHS England.

The CCG's vision is to commission high quality, value for money, health services for the people of Northumberland.

During the last winter, Northumberland services operated well, waiting times for cancer referrals were below national averages, operation waiting lists were also shorter than many other areas of the country.

The CCG's annual report, which is a factual account of what the CCG does, is available to download on the CCG's website. There is also the facility on the website for members of the

public to ask questions on the report.

Agenda item 4 – Overview of the 2014/15 accounts

Rob Robertson reported on the annual accounts.

The CCG has a statutory duty to manage its budget and not overspend. Northumberland CCG did not overspend last year.

The nationally set business rules for the CCG include a requirement to create a 1% operating surplus in its commissioning budget. The CCG did not meet this target in 2014/15 and instead posted £304k surplus, as planned and agreed with NHS England.

CCGs are required to ensure that plans are in place to ensure administrative costs are not overspent. Under spends on administrative costs may be used to offset overspends within programme allocations. Northumberland CCG has chosen to underspend its administrative costs in order to transfer as much money as possible to support patient care through the commissioning budget.

Capital resource must be used for capital expenditure only and must not exceed the capital resource allocation. The CCG spent £2m capital in 2014/15, on equipment for the new emergency care hospital to enable primary care access.

The CCG received a positive value for money assessment from the external auditors, as part of the annual accounts provision.

Agenda item 5 – The work of the Governing Body and committees

Janet Guy reported that CCGs came into existence in 2013 and placed clinicians at the forefront of planning and commissioning services locally on behalf of their patients.

Each of the 44 practices in Northumberland is a member of the CCG and has regular input into the services that the CCG commissions. Quality assurance and improvement is overseen through a system of locality and central boards.

Janet Guy explained that she was the Chair of the Governing Body that oversaw the work of the Governing Body committees. The other governing body members include GP members, senior managers, a secondary care doctor, nurse and three other lay members.

Lay governors take an independent and objective view of what the CCG is doing. The governing body provides member practices and the public with the assurance that the CCG is working efficiently, effectively and economically and has good governance. Meetings take place every two months and dates are publicised. The meetings are open to the public and involvement is encouraged and indeed welcomed, but they are not public meetings like the one today.

The work of the governing body is supported by three committees. The Chairs of the committees will each provide an outline of their work.

Agenda item 5.1 Resources and performance committee

Karen Bower, Chair of the committee, reported that the committee was set up to concentrate on the first three elements of the governing body's role, efficiency, effectiveness and economics. It is a non-statutory committee which the CCG established to provide extra scrutiny to the way in which resources were deployed, reflecting the difficult financial legacy inherited by the CCG in 2013.

The committee provides assurance to the governing body that the CCG is using available resources effectively in the delivery of its strategy and financial plan.
The Chief Operating Officer and Chief Finance Officer attend and support the committee with the provision of initial background and further detailed information as required. The committee particularly focussed on the following areas last year:

- Financial recovery position. Recognising the difficult underlying position, and the 3 year recovery plan agreed at the outset, the committee scrutinised the financial recovery plan and has been assured that actions taken through the financial recovery plan have not only delivered the improved financial position but have also, and more importantly, also delivered improvements in patient care.
- Performance scrutiny. Northumberland performance is at least as good if not better than average across most indicators. The committee has however considered the North East Ambulance Service performance in some detail; this reflects the shortfalls in performance during 2014/15, particularly in the proportion of patients attended by an ambulance crew within 8 minutes of the emergency call being received. The committee was assured that the CCG was taking appropriate action to improve performance.
- Innovation. How the CCG uses innovative approaches to contracting arrangements. For example the practice activity scheme has improved the quality of referrals leading to greater understanding of treatment options, and an understanding of overall referrals across the county.

Agenda item 5.2 Engagement, public health and quality committee

Peter Atkinson, Chair of the committee, gave a review of the committee's work. The committee meets every two months. The committee gives assurance that quality is at the centre of everything the CCG does. Public health and the CCG are working together to deliver joint improvements in overall healthcare. The committee also ensures that the CCG is engaging with public in an effective manner.

The committee particularly focussed on the following areas last year:

- Quality. The CCG employed a new Director of Quality last year, and the committee is fully assured that quality is at the centre of everything the CCG does. Public health. A new Director of Public Health was appointed last year. There had been issues with

staffing levels in public heath, but this year more staff have been recruited and the level of assurance in public health services has increased.

- Engagement. The committee has been assured that engagement has an active role in the delivery of services. Two public forums were held last year; one in the leisure centre in Morpeth and one in Shilbottle, both were well attended. The reports from the forums were fed back into the CCG and used to deliver effective commissioning of services for the people of Northumberland.

Agenda item 5.3 Audit committee

Steve Brazier reported on the work of the audit committee.

The key function of the committee is to provide assurance that the CCG complies with statutory governance requirements and employs good practice in this respect. In particular, the committee's role is to provide assurance that:

- The CCG has established a robust process to identify and mitigate any risks.
- The CCG ensures there is an adequate system of internal control, and that all transactions the CCG undertakes represent valid and good transactions, with consideration given to the management information used to make decisions.
- All conflicts of interest are identified and adequately dealt with in a correct way.

The internal and external auditors also report to the audit committee. There are two lay members, from different backgrounds, independent of the CCG, which has enabled them to be critical and detached in any decisions that are made.

In conclusion, with consideration of the internal and external audit reports, the committee has found nothing that would lead it to believe that the CCG does not follow good governance.

Agenda item 6 – CCG Chair's summary of 2014/15

The CCG has received its annual assurance letter from NHS England who assure the CCG's management administration and leadership each year. This was a very positive assessment which acknowledges many strengths. It details a strong overall performance by the CCG, working with partners, towards an ambitious vision and says "…the vision will see significant improvements to the provision of care to the local population".

The letter also recognises the CCG's "strong patient and public engagement and partnership working" particularly the patient testing panel which puts patients' views at the heart of decision making and "has been recognised as excellent practice" by other organisations.

The Better Care Fund programme, another piece of work commended by NHS England, uses a pooled budget with the local authority to provide integrated health and social care for growing numbers of people with long term conditions, enabling them to live independently in their communities.

A procurement process was undertaken by the CCG last year to secure a new primary care psychological therapies service, intended to deliver improved access and more integrated care to the estimated 1 in every 6 members of the population who have mental health problems. The procurement is now complete and the service went live this year.

The dementia strategy was finalised last autumn and will integrate and co-ordinate dementia care services for a growing number of people with complex and individual needs, and also their carers.

The CCG and a number of partners became one of only 29 organisations nationally to become a vanguard site to develop a primary and acute care system which over the next 5 years will improve the lives and health of our communities by:

- Opening the Northumbria Specialist Emergency Care Hospital.
- Developing innovative ways of extending primary care access 7 days a week across the county.
- Redesigning services to deliver more care in community settings.

In summary, 2014/15 was a busy and successful year. 2015/16 will see the CCG build on this work as it continues to develop and improve local services.

Well done and thank you to everyone.

Agenda item 7 – Pre submitted questions from members of the public

There were no pre submitted questions.

Agenda item 8 – Questions from the floor

Question from Margaret Ward, patient at Harbottle practice, also a clerk in Alwinton Parish Council.

Margaret started by saying that she was encouraged by what she had heard at the meeting on the work the CCG is undertaking. She noted that whilst she appreciated the CCG was not the commissioner of primary care services in Northumberland, the public meeting provided an opportunity for some important issues to be raised about the closure of Harbottle surgery, particularly concerning poor communications and engagement. By way of example she said that a number of letters had been written, including to the Rt Hon Jeremy Hunt and Simon Stevens which, to date, had no response. After it was announced that the practice at Harbottle was to close, the minutes of the primary care co commissioning meeting at County Hall on 1 September 2015 stated that Christine Keen informed the meeting that patients in Harbottle had already been dispersed. She said that no prior consultation had been undertaken; patients merely heard that their records had been transferred. It was also said that the contract would be put out to tender, which residents of Harbottle understand has not happened, the contract having been given to Rothbury for 12 months. Residents had understood that when they were told Harbottle was closing, it was only closing for that particular contract holder, there had not

been any indication that the practice would cease to conduct business.

Ms Ward also said residents felt that the CQC had been misled when they inspected the practice, as they were not informed by Dr Miah on 23 July that she was in the process of discussions concerning closing the practice. Patients had not received newsletters, as stated in the CQC report, there were not coffee mornings open to the public, and the letter about Dr Brunt leaving did not go out to every house. The patients in Harbottle had not heard of a patient forum.

Ms Ward noted there are concerns that there are no definite arrangements for those outside of the Rothbury practice boundary to receive home visits. There are also concerns that patient choice has been stopped by directing patients to go to Rothbury. Residents can't understand how Dr Miah had a contract and was allowed to stop the contract without any penalties. The main issue is that communications and engagement did not take place.

Janet Guy responded that she was sorry residents had no replies to some letters sent to the national leaders of the NHS. Janet Guy also provided clarity that NHS England had not said at the public meeting that the contract would be put out to tender but that putting it out to tender would be reconsidered based on the strength of feeling expressed in the public meeting at Harbottle earlier in the year.

Alistair Blair commented that as a result of the changes in the NHS, it is understandable that residents are finding it difficult to navigate through the system. From a public point of view the NHS is one body.

Julie Ross reported that Dr Miah had not been in a position to give NHS England the six months' notice required in her contract and this gave NHS England an emergency situation to handle. This brings with it learning in the way things are communicated. Given the short notice, NHS England had to implement an emergency solution that ensured patients were safe. The solutions were not well communicated with the residents affected however and Julie Ross apologised on behalf of the primary care commissioning system, for that. The CCG formally thanked Scots Gap, Bellingham, Rothbury and Wooler practices who have taken on patients.

It has been agreed that a long term solution needs to be found for Harbottle. The CCG is committed to working with NHS England on public engagement and consultation on the way forward. This will be done in a planned, systematic and well communicated way. There are no options ruled in or ruled out at this stage. Harbottle has a small population, and the CCG and NHS England need to make sure the solution is not as dependent on individuals as it was in the past and is sustainable

Cynthia Atkin, Chair of Healthwatch, reported that she has been involved in discussions about Harbottle through Healthwatch, which produced a report and endeavoured to help the people in Harbottle. She noted that it is now crucial to develop an engagement process over the next 12 months. An updated position will be reported to the Health and Wellbeing Board in 6 months time.

Alistair Blair responded on the boundary issue, NHS England has been in direct communication with patients affected by boundary issues and all patients will get home visits if required.

Janet Guy asked whether Margaret Ward was happy that the CCG had answered her questions and is fully sighted on the issue and working on a solution. Margaret confirmed that she was.

A member of the public noted some concerns about the CQC inspection of Harbottle practice. She stated that there were 6 weeks advance notice of the inspection, giving the practice time to implement routines in preparedness for the inspection that were not previously undertaken (i.e. a patient participation group). However, there were many positive comments in the report about the practice nurse and Dr Brunt which were correct. At the recent Health and Wellbeing Board it was noted that there was now a provision for surgeries to take place in Harbottle, but only for 2 mornings a week. This raises problems, especially for schoolchildren who need appointments in the afternoon after school has finished and also because the two mornings chosen are the ones when there is a bus service out of Harbottle and therefore some patients would be able to travel elsewhere if necessary. Julie Ross said that she would take these issues up with NHS England.

It was noted that there are references in the CQC report to CCG local data, and it was asked if this data is publicly available. Julie Ross confirmed that it was available; the data sets include all primary care across the area and the CCG will put links onto the website.

The future operating model for Rothbury Hospital was questioned with particular regard to primary care proposals.

Alistair Blair responded that there have been many discussions about primary care in isolated areas and it generally makes sense to bring health professionals together to enable them to provide a greater range of services, although nothing had been decided on the Rothbury front.

Moira Davison from Northumbria Primary Care asked whether there had been any discussions at governing body about one of the biggest risks to services, which is inability to recruit GPs and clinicians.

Alistair Blair responded that the CCG is fully aware of recruitment issues across the health economy but that primary care recruitment is currently the responsibility of NHS England. As the vanguard work develops, discussions are taking place about recruitment nationally. Recruitment of doctors into the GP training scheme is the lowest in the country here and that is an issue as once GPs have trained for 4 to 5 years in another area they are unlikely to move to Northumberland.

Recruitment has not been formally tabled to the CCG's governing body but a regular update on progress is provided as part of the Chief Clinical Officer's report.

Janet Guy agreed that recruitment is something that the governing body is aware of, and noted that it has been raised on a number of occasions in committees and also at a recent member practices meeting.

John Unsworth added that non primary care workforce issues are discussed at the engagement, public health and quality committee in relation to quality and performance, for example discussions about the North East Ambulance Service has led to the CCG working with them to look at different models of staffing. The issue is also being raised nationally by GP bodies.

Cynthia Atkin congratulated the CCG for the annual report and reported that Healthwatch Northumberland welcome the opportunity to continue working with the CCG, particularly on the vanguard front.

CCG acute services spending was questioned and it was asked if it will lessen this year when the changes to the provision of community services are felt.

Rob Robertson said that acute spending will always be a large proportion of CCG expenditure, however a small shift had been experienced but the real changes will be in response to future PACS and vanguard initiatives.