

Northumberland Clinical Commissioning Group

Governing Body Meeting

Held on 27 February 2014, Committee Room 2, County Hall, Morpeth

Present:

Mrs Jacqui Henderson	Lay Chair (Chair)
Mr Peter Atkinson	Lay Governor
Dr Alistair Blair	Chief Clinical Officer (arrived late)
Mrs Karen Bower	Lay Governor
Dr Paul Crook	Governing Body Secondary Care Doctor
Mr Rob Robertson	Chief Finance Officer
Mrs Julie Ross	Chief Operating Officer
Dr John Unsworth	Governing Body Nurse

In Attendance:

Ms Steph Edusei-Basra	Strategic Head of Corporate Affairs
Mrs Patricia Henderson	Personal Assistant

Welcome and introductions

Jacqui Henderson welcomed members of the public to the Governing Body meeting and thanked those who had attended and being interested in what NHS Northumberland Clinical Commissioning Group (CCG) is doing. Jacqui explained that this was that this is a meeting in public, not a public meeting, and that if any members of the public had any questions relating to agenda items they would get the opportunity to raise them and they would be addressed when that agenda item was discussed. No questions were asked.

NCCGB/14/01 – Agenda item 1 – Apologies for absence:

Mr Steve Brazier	Lay Governor
Ms Hilary Brown	Locality Director – North

NCCGB/14/03 – Agenda item 4 – Register of interests and reviews of conflicts of interest. Quoracy:

Jacqui Henderson informed the meeting that due to Alistair Blair's late arrival to today's meeting there will be an issue with quoracy.

NCCGB/14/02 – Agenda item 2 – Patient story – Cancer:

In Hilary Brown's absence Steph Edusei-Basra told members of a lady who lived in Berwick and had received treatment some time ago for breast cancer. The treatment had left her badly burned and in a lot of pain for approximately 25 years. She was a lovely lady who lived with her sister. She battled through the pain really well. She was recently diagnosed with breast cancer in her other breast. She received a lot of input but was very elderly and didn't want any invasive treatment. A care plan was put in place and she was admitted to St Oswald's Hospice



for pain management. Her wish was to die at home. This lady died on Boxing Day surrounded by her family.

This is a good example of systems pulling and working together.

Alistair Blair arrived at this point.

NCCGB/14/04 – Agenda item 3 – Minutes of the previous meeting and matters arising:

The minutes were seen as a true account with the following amendments:

- Page 5: The CCG needs to have an understanding – should read “The Governing Body”
- Page 8: Remove “this” from paragraph one line two.
- Page 8: Paragraph 3 – second line – should read “what the CCG are doing” remove “we”

Matters arising:

Glaucoma testing:

Alistair Blair confirmed glaucoma testing in the community will be announced in the press this week.

Mortality issues:

Paul Crook queried the mortality figures and what they mean. Dr Foster’s published report in December are composite figures and in itself don’t mean anything specific. These act as a flag to look at what is happening and there is a need to look at mortality figures in care delivery and context.

Allocation formula:

Rob Robertson informed Governing Body a decision was made before Christmas that included some deprivation weighting which did move areas over target population. Northumberland are slightly above target with a 5% range. The national uplift discussed at the last Governing Body is not outside any boundaries.

Chief officer report:

Peter Atkinson queried where Northumberland Clinical Commissioning Group would be buying support from when the current arrangements with the North East Commissioning Support Unit (NECS) come to an end.

Julie Ross informed Governing Body that some services will still be retained from NECS but the CCG will go out for legally competitive quotes.

Model of care:

Julie Ross informed Governing Body this is has been shared with the third sector and confirmed there will not be any demographics in the model of care.



NCCGB/14/05 – Agenda item 5 – Committee terms of reference review:

Audit:

- Karen Bower reported she had looked at all three terms of reference and asked for consistency throughout and the following be amended from “The Lay Governor (leading on audit and conflict of interest matters)” to “The Lay governor with the lead role for audit and conflicts of interest”

Decision:

Governing Body approved and accepted the Audit Terms of Reference with the above amendment

Engagement, Public Health and Quality:

- Peter Atkinson informed Governing Body that discussions had been held on a number of occasions regarding membership.
- Chairs action was taken with members of the committee to approve the membership of the Chair of Healthwatch.

Decision:

Governing Body approved and accepted the Engagement, Public Health and Quality Terms of Reference with the above amendments.

Resource and Performance Committee:

- Governing Body agreed to amend paragraph two to read “other officers, employees or practice representatives of the group may be invited to attend all or part of meetings of the committee to provide support “

Decision:

Governing Body approved and accepted the Resource and Performance Committee Terms of Reference with the above amendments.

Appointments and Remuneration Committee:

- Remit & responsibilities of the committee: Bullet point three has been repeated. This will be removed
- Reporting arrangements: remove the word “immediately”

Decision:

Governing Body approved and accepted the Appointments and Remuneration Committee Terms of Reference with the above amendments.

NCCGB/14/06 – Agenda item 6 – Changes to the constitution:

Governing Body members noted the approval of the constitution changes
The revised constitution is now available on the Northumberland CCG website.



NCCGB/14/07 – Agenda item 7 - Chief Clinical Officer Report:

Alistair Blair reported that the next meeting of the member practices will be held on 26 March 2014, Storey Park, Morpeth. This is not a public meeting. The CCG meets monthly in its four localities and that is the foundation of all our commissioning plans. It is important that member practices come together by attending the members' meeting as it formally votes on our commissioning, financial plan and other matters.

The Sensemaker pilot scheme which invites patients to give their experience of care has been extended. This will help us to look at experiences and identify themes and areas where we are doing well or where we can make improvements to services as part of our quality agenda. Practices have been encouraging patients to describe an experience that happened during a contact they have had with health services within the last year. More information is available on the Northumberland CCG website: <http://www.northumberlandccg.nhs.uk/get-involved/tell-us-your-experience-of-local-nhs-care/>

An extra-ordinary meeting of the Health and Well Being Board was held on 12 February to consider the Better Care Fund proposal that has been created across the health and social care system. We are required to create a £25m fund to support integration which will be taken from a combination of existing pooled budgets and new ones. Of that funding all but £4m has been identified. A four pronged approach to deliver the objectives of the fund has been identified and will focus on:

- High risk patients
- Discharges from hospital
- The use of community hospitals
- Dementia services

The Health and Well Being Board has endorsed our approach and the draft proposal was submitted on 14 February to NHS England.

Peter Atkinson acknowledged there had been a slow start to the Health and Well Being Board becoming a fully functioning body due to the local elections and change of council administration. Alistair Blair reported that the concept of the Health and Well Being Board is a good one and the CCG is a member of and has confidence in that Board.

It has been a mild winter so far and there has been a significant drop in pressure on the system compared to past winters. There has been marked improvement with a third more empty beds in Northumbria Healthcare at Christmas than there were last year. This is partly due to the introduction of ambulatory care and to a reduction in demand which is testament to the high risk patient pathway work. The CCG in partnership with Northumbria Healthcare developed this pathway and their work was highly commended in the Health Service Journal awards and featured in a publication by NHS Clinical Commissioners in 2013.

Peter Atkinson asked if there would be a cost premium due to the lower occupancy of beds. Alistair Blair informed Governing Body that there will be a mutual saving for both the Trust and



the CCG through the gainshare arrangement that operates.

Jacqui Henderson also reported when the development of the new emergency care hospital was discussed the plan was to also redevelop the site at Wansbeck.

Julie Ross reported as from April 2014 CCGs are unable to hold enhanced service contracts with GP practices. Following an independent panel assessment out of the five local enhanced services four will migrate to NHS contracts with practices:

- High risk patient pathway
- End of life
- Practice medicines management
- DMARDS

Interim arrangements are in place for minor injuries and the CCG are contacting the practices involved to discuss further.

Northumberland CCG is working with other NHS organisations in promoting, investing and implementing the “My medicine, my health campaign”. The campaign has been running for a couple of weeks and will be evaluated once it comes to an end. The idea is to also reduce waste and prescribing errors and ensure that when a patient goes in to hospital they take their own medicines with them.

Since the Clinical Chief Officer’s report was published there has been a change in roles for two of our locality directors to enable fresh innovative ideas. There are also two new members of staff who joined the CCG in the New Year:

Jemma Hurrell has been appointed as head of commissioning for mental health and learning disabilities and will now be working alongside Dr Eileen Higgins and Brian Moulder has been appointed as head of commissioning for planned care and will now be working alongside Dr John Warrington.

Peter Atkinson asked if there would be any impact on Berwick patients going to Borders Hospital in Melrose if Scotland gained independence and would this affect the delivery of care in Ashington. Rob Robertson informed Governing Body that the NHS system in Scotland is already different to England; they don’t have the same standard contracts, payment regime or national performance standards and monitoring. Therefore at this stage no new issues are envisaged.

Peter Atkinson asked for assurance from the CCG that there are no adults and juveniles together in mental health wards and if Northumberland had any juveniles traveling long distances.

Alistair Blair confirmed Northumberland CCG are confident that this is not the case in Northumberland and have been assured by Northumberland Tyne and Wear Foundation Trust (NTW) if this was to happen it would be recorded as a serious incident. With regards to



juveniles traveling long distances the furthest they may need to travel would be Teesside for specific types of treatment.

There is however a small number of adults receiving bespoke out of area packages.

NCCGB/14/08 – Agenda item 8 – CCG Assurance:

Alistair Blair informed Governing Body we have received Q2 assurance but are waiting on Q3. At the Q2 assurance meeting the Area Team was happy with the progress made in Northumberland.

The CCG has breached its target for health care acquired infections, alongside most other CCGs. The CCG has in place an action plan to address this and will be monitoring progress monthly through the performance report to the board. The CCG inherited a position where root cause analyses of community acquired infections were not routinely completed. This situation has caused concern within the CCG and has been rectified such that all community acquired infections will be subject to such analyses.

Jacqui Henderson asked for a verbal update to be added to the next Governing Body agenda in April.

NCCGB/14/09 – Agenda item 9 – Resource and Performance:

Karen Bower gave an update on the work of the Resource and Performance Committee.

The performance report showed that the CCG continued to breach it's in year trajectory for C. Difficile which is the highest risk (as reported above).

The financial performance report for month eight up to the end of November 2013 showed a slight improvement in the forecast of £4m to £3.4m. The areas of risk remain the same as in previous months. The prescribing contract up to September showed over-spend against a budget of £1.3m which leads to a forecast overspend of £1.9m.

- **North East Ambulance Service NHS Foundation Trust.** Response times have seen a rise since October 2013.
- **Cancer patients.** Some patients have received appointments outside the recommended 14 days.
- **Long Term Conditions/Community Hospitals/chronic obstructive pulmonary disease:** There is still some work to be carried out for each of these key areas of work

A&E attendance: Discussed under any other business following national reports about patients that frequently attend A&E. It was reassuring that the CCG were tracking A&E attendances.



- **Month 10 Assurance meeting with NHS England:** At the close of Month 10 we had continued to make significant progress against our recovery plan, but still had a gap of £1.4m to find in the final 2 months of the year. This was an improvement from £4m at month 7. We met with the Area Team who felt assured that we would come in on balance.

CHC restitution is being held by NHS England this year from monies allocated from our budget. From 2014/15 the payments need to come from CCG budgets on top of the money that has already been provided. This is double payment. NHS Clinical Commissioners are going to take this forward on behalf of CCGs across England.

NCCGB/14/10 – Agenda item 10 – Engagement, Public Health and Quality:

Peter Atkinson gave an update on the work of the Engagement, Public Health and Quality Committee.

The main issues discussed were:

- **Public health.** A discussion took place around the lack of capacity in the local authority public health department to deliver the Northumberland Clinical Commissioning Group core offer, including agreed attendance at the EPHQ.

It was confirmed that the Public Health England commissioning for value support packs have been received and will be discussed in detail at the next JLEB business meeting.

- **Engagement strategy.** An overview of the engagement strategy explaining the difference between experience and engagement was provided.
- **Healthwatch engagement update:** A verbal update was received on the work of Healthwatch who were organising a development day to look at key priorities.
- **Patient experience:** Discussion was held outlining the various methods for capturing and triangulating patient experience which included the friends and family test and how these were calculated and this differed from provider produced patient experience information. The committee also discussed the means the CCG has to triangulate performance information relating to healthcare acquired infections with serious incident reports and soft intelligence gained from a range of sources such as patient opinion and engagement events.
- **Adult and child safeguarding:** Fiona Kane has been appointed to the role of adult safeguarding lead. Jan Hemingway has been seconded to the full time safeguarding



nurse role to cover long term sickness.

NCCGB/14/11 – Agenda item 11 – Communication and engagement strategy – Sense-maker update:

Steph Edusei-Basra presented the communications and engagement strategy.

The CCG will work with patients, carers, the public and stakeholders to:

- Assure delivery of safety, quality and performance
- Create joined up pathways across organisations to deliver seamless care
- Deliver clinically led health services that focus on the patient and based on evidence

The review of the strategy started in June 2013 which resulted in the development of a plan on a page which was shared with members, the voluntary sector, key stakeholders and the public. This action plan that supports the strategy is a live document which will be subject to change and is available on the website.

The CCG is keen to develop its use of digital media. It is proposed to use this as a means to improve engagement with a wide range of socio-economic demographic groups.

Sensemaker is a system which is being piloted in partnership with North Tyneside CCG and the North East Quality Observatory System (NEQOS). The system allows people to tell their story and how their experience made them feel. The pilot has been extended as there has been a low response.

The operational plan is a two year commissioning plan which forms part of the cross-organisational five year strategic plan. Engagement has taken place, with key stakeholders including the public on the operational plan. From April 2014 a substantial piece of public engagement work will start which will incorporate the Local Authority, Northumbria Healthcare NHS Foundation Trust, Northumberland, Tyne and Wear NHS Foundation Trust, North East Ambulance Service NHS Foundation Trust, GP's and the voluntary sector.

John Unsworth commended the work that had been done so far.

Jacqui Henderson asked that the action plan be reviewed every 3 months.

NCCGB/14/12 – Agenda item 12 – Financial regulation and audit:

Karen Bower reported in Steve Brazier's absence on the work of the Audit Committee.

The main issues discussed were:

- **Risk register and assurance framework:** The audit committee highlighted what was required from the agenda item on risk and in particular it was felt that the audit committee needed to be assured that the risk register was appropriately scored and there were no 'red' risks for Northumberland CCG.



- **Chief finance officer's report:** A special payment had been authorised for a compensation claim of £682.18.

No debts in excess of £5,000 have been raised by the CCG to date.

There had been two requests for waivers of requisitions which have been approved by the chief finance officer. These did not breach the financial policies of the CCG.

- **Internal audit progress report:** The committee were informed there were no changes to the plan beyond those reported to the audit committee in the previous progress reports.
- **Internal audit plan:** The committee had been advised that the internal audit plan for 2014/15 had been drawn up and agreed with key staff within the CCG.
- **Member practices declaration of interests:** The committee were informed that previously six practices had not registered their interests. Returns from all practices have now been received.
- **Audit strategy memorandum:** The committee were updated on the memorandum
- **Any other business- Proposal for NECS:** The committee were informed that notice has been served for provider management.

NCCGB/14/13 – Agenda item 13 - Risk register and assurance framework:

Steph Edusei-Basra informed Governing Body this had been raised in Audit Committee and the Executive Board had approved the risk policy.

A good discussion had been held at the Joint Locality Executive Board (JLEB) around risk and the risk appetite. The old matrix had been slightly less cautious than the new one which is now being used by all CCG's in the North East.

It had also been acknowledged in the JLEB meeting that the executive was predominantly made up from clinicians who were used to managing and accepting risk in their clinical work. Therefore the risk appetite was, perhaps, greater than in other organisations.

Using the new matrix risk of between 8 and 12 (amber risk) was classed as high risk. A decision had been taken to set the level for inclusion in the corporate risks register at grade 12 and above, lower than the grade 15 specified within the risk management system and that this reflected the CCG's views that whilst they had a higher tolerance to risk, they recognised the



importance of being sighted on high risks.

Julie Ross explained that it was important to recognise that these risks should be viewed from a commissioner perspective and not a provider viewpoint, where the risk of harm to patients might be higher if staff or processes are lacking.

NCCGB/14/14 – Agenda item 14 – Assurance review and actions:

Jacqui Henderson summed up and thanked members of the public for attending today's meeting stated that the Governing Body had been a good meeting with good robust discussions.

NCCGB/14/15 – Agenda item 15 – Any other business:

There was no further business to discuss.

NCCGB/14/16 – Agenda item 16 – Date and time of next meeting:

Due to the Easter break it was agreed the next date for the Governing Body meeting would be 10.00am 24 April 2014.

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