

Meeting of the Governing Body

Held on 18 June 2014, Morpeth Town Hall

Present:	Mrs Jacqui Henderson	Lay Chair (Chair)
	Mr Peter Atkinson	Lay Governor
	Dr Paul Crook	Governing Body Secondary Care Doctor
	Mrs Karen Bower	Lay Governor
	Mr Rob Robertson	Chief Finance Officer
	Mrs Julie Ross	Chief Operating Officer
	Dr John Unsworth	Governing Body Nurse
	Dr Eileen Higgins	Locality Manager
	Mr Steve Brazier	Lay Governor

In attendance:

Mrs Anne Swanson	Personal Assistant
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NCCGB/14/41 – Agenda item 1 – Apologies for absence:

Dr Alistair Blair	Chief Clinical Officer
Ms Steph Edusei-Basra	Strategic Head of Corporate Affairs

Jacqui Henderson welcomed James Martin the Assurance and Delivery Manager from NHS England and members of the public to the Governing Body meeting and hoped that they would find the discussions interesting and informative. She explained that this was not a public meeting but that we were holding our meeting in public. She asked if members of the public who had any questions about the agenda could let her know at this stage and when the agenda item came up she would ask them to raise their question then. There were no questions to be raised.

Jacqui Henderson asked the Governing Body members to introduce themselves for the benefit of the members of public.

NCCGB/14/42 - Agenda item 2 - Patient Story

Julie Ross gave an account about a patient she met last month with regard to a continuing healthcare case (CHC). In this case the same workers were involved in the transfer of care which meant there was no duplication of service because they knew the case and the family trusted the workers involved. This lady's family said they felt the hand of trust wrapped around them and Julie explained that that's what Northumberland Clinical Commissioning Group (CCG) is striving for and is the reason why we work so closely with local authority partners

Paul Crook reminded the meeting that a patient is a person and not a case and we should refer to them as such.

NCCGB/14/43 – Agenda item 3 - Register of interests, review of conflicts of interest and quoracy



Jacqui Henderson explained that there were no conflicts of interest and that the Governing Body was quorate.

NCCGB/14/44 – Agenda item 4 - Minutes of the last meeting on 24 April 2014, matters arising and action log

The minutes were checked for accuracy and Steve Brazier pointed out that he was present at the last meeting.

Page 7, paragraph 4 line 2, surplus should state *surplus*.

Page 7, paragraph 6 line 3, until should read *at*, and line 5, these will all should be *the majority will*.

Page 8, paragraph 7 last line, include *information*.

Page 9, paragraph 8 line 4, delete *have*.

Page 11, paragraph 2 line 2, delete *it*.

Page 14, replace entire paragraph to state: *Internal audit confirmed that the 2013/14 audit approach and testing was for the year one organisation to confirm that robust systems and processes had been put in place. For 2014/15 the approach would be extended to provide a fuller assurance that those systems and processes were working effectively.*

Page 15, change their to *there*.

There were no matters arising.

Action Log:

Peter Atkinson pointed out the importance of measuring the impact of the committee reports as well as co-ordinating, capturing and involving the lay members.

Jacqui Henderson explained that in a recent development session a number of areas had been identified with regard to developing a programme of reports to submit to the Governing Body. She discussed this with Steph Edusei and it was clear that all of the issues the lay members wished to pursue further were already on the forward plan for the Engagement, Public Health and Quality committee. Work in progress on the schedule will be taken to its next meeting.

Julie Ross suggested that it was the big issues that needed scrutiny.

Progress is being made with regard to the involvement of Resources and Performance, Engagement, Public Health and Quality in the commissioning plan.

Jacqui Henderson was pleased to have these matters clarified.

NCCGB/14/45 - Agenda item 5 - Chief Clinical Officer and Chief Operating Officer assurance and key issues briefing

Julie Ross highlighted the report and mentioned the following:

- Stakeholder survey of NHS Northumberland Clinical Commissioning Group performance results are on GPTeamNet. Northumberland overall ratings showed a higher level of engagement with stakeholders and member practices than other CCG's in the north east – but the Joint Locality Executive Board (JLEB) of the CCG felt there was still further improvement needed. In particular, the board prioritised member engagement, through localities in effect for each indicator. Areas where members felt they are involved in CCG activity include quality, performance and finance.

Jacqui Henderson asked whether the level of member engagement varied according to



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locality and Julie Ross confirmed that different localities had different approaches because of different areas of focus attributable to the special interests of the directors e.g. there is an emphasis on end of life care in the north and emergency care in the west.

- Co-commissioning of primary care: NHS England funds primary care and works with the CCG to support and assist it in improving primary care quality. Julie Ross explained that direct enhanced services are services that fall outside the standard primary medical care contract. A paper that has been sent to NHS England expressing an interest in commissioning enhanced services will be circulated.
- The CCG has recruited people with experience of managing primary care and is seeking no additional resource from NHS England. Steve Brazier stressed the importance of managing conflicts of interest. Julie Ross agreed and noted the existing arrangements to manage conflicts are working well – but that the audit committee had a key role in overseeing this. John Unsworth sought clarity about the move of local enhanced services to national standard contracts. Julie explained that the local enhanced services were separated from the core primary care contract when NHS England came into existence. Direct enhanced services are still attached to the primary care contract.
- The CCG finances are under significant pressure. There have been two very significant calls on CCG budget over the last two months:
 - Continuing Healthcare (CHC) risk share – NHS England has required the CCG to put £1.6m into this fund
 - An interpretation of national guidance by NHS England, which differed to that made locally, leading to a failure to secure the quality premium of £1.2m.

Steve Brazier enquired when the next decision point on the financial planning arrangements was. Rob Robertson explained that the financial plans will be resubmitted on Friday (20 June). There is a significant risk of £4m which the plan does not currently address. The assurance process will continue to be reported to NHS England.

Peter Atkinson requested a breakdown of the £4m.

Rob Robertson summarised:

Quality premium	1.2m
Risk share arrangement funding gap	1.2m
Risk share arrangement for CHC	<u>1.6m</u>
	4.0m

This is similar to other CCG's, particularly North Tyneside CCG. Jacqui Henderson acknowledged everyone had worked extremely hard to achieve the 2013/14 outcome and now suddenly we face this challenge. She highlighted that some CCG's were already in deficit after year one. Julie Ross added the CCG have been working closely with the NHS England area team who have been extremely supportive.



NCCGB/14/46 – Agenda item 6 - Commissioning Plan Assurance

The commissioning plan is discussed monthly at JLEB, with an in depth report every six months.

- **Public Health and Prevention:** – Steve Brazier asked if there were additional people who would want a personal health budget who do not already have one and commented that that there were only 14 cases. Julie Ross added that the right to have a personal health budget only started on 1 April 2014. Peter Atkinson asked whether the number was small compared to other organisations and Julie confirmed that 14 is a significant number out of a total of 937 continuing health care patients. Rob Robertson advised that to meet the criteria for a personal health budget, a patient should already be entitled to CHC funding and then must request a personal health budget and be assessed again – currently there is no-one waiting for a decision. Peter sought clarification that the number of personal health budget cases was appropriate and Julie advised that as these are very vulnerable patients, such as children and people with life limiting conditions, the CCG would not expect to see hundreds of requests.

John Unsworth asked whether this was a case of the user commissioning their own health care while the local authority ensure good use of funds. John added that most patients do not want the associated problems of arranging their own health care when this can be done by an agency. Jacqui Henderson commented that continuing health care personal budgets work well and give independence to the user but some do in fact use an agency to deal with payments and employing staff.

Julie Ross suggested it would be useful to have some case studies brought to the private meeting of the next Governing Body and these should be routed through the Resources and Performance committee.

- **Unplanned Care:** – Good progress has been made across the entire domain with unprecedented reductions in non-elective care being realised in year as a result of the high risk patient pathway and the impact of ambulatory care. Ambulance performance is better than previous years – although it still needs some improvement. Rob Robertson informed governing body winter pressures can decrease when the weather is bad as people tend to stay indoors. Peter Atkinson queried whether 111 was up and running. Julie Ross confirmed the 111 service was now up and running.
- **Planned Care:** – work has been undertaken to create a musculo-skeletal referral system for hip and knee replacements. Northumberland CCG is leading in the north east on its work on individual funding requests for low clinical value treatments. John Unsworth pointed out that whilst surgery might be an appropriate treatment, other less expensive options should be tried first. Rob Robertson agreed that the same consistent pathway should be available to everyone prior to surgery.

Peter Atkinson asked about stoma care, physiotherapy and ultrasound and Julie Ross advised that these areas are still included but take up less than £30k of the budget and are therefore small scale. Rob Robertson added that physiotherapy is also included



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within musculo-skeletal services and the other two are still in the plan. Jacqui Henderson reminded the lay governors that this question had been raised by Karen Bower at a previous meeting not attended by Peter and confirmed that his point was well made and the Governing Body is assured that all of this is being done.

Karen Bower raised the question of dermatology and Julie Ross confirmed that whilst still part of the commissioning plan for this year, work has been deferred until October in order that we concentrate on priority areas such as musculo-skeletal services. Julie assured John Unsworth that the choice of items to be deferred was not based on the level of difficulty.

- **Mental Health:** – Julie Ross commended Eileen Higgins and Jemma Hurrell for the mental health work done with regard to children and young persons. Peter Atkinson asked whether autism services are included in the annual primary care health checks and this was confirmed.
- **End of Life:** – Steve Brazier indicated the end of life prime contractor arrangement was really strong and the Resources and Performance committee had considered the contractual detail.

Steve Brazier noted that some of the contracts that have been negotiated for 2014/15 are innovative, especially the mental health out of area re-patriation programme, the non-elective gain share arrangements and continuing health care partnership agreement.

John Unsworth sought assurance that payments are not being made twice for stoma care nurses when this is already part of normal contractual services as is the case with physiotherapy services.

Paul Crook queried the health care acquired infection problem and Julie advised that as the trajectory was exceeded for last year, a plan is in place to reduce the incidence of infections, led by Dr Robin Hudson. Rob Robertson added that the higher than trajectory incidence is mainly because of the high level of community acquired infections. John Unsworth asked whether the CCG was confident that community service providers are acting appropriately and stressed the need for a system wide response to ensure that high impact interventions are being driven through. Julie Ross agreed this was a good point and asked whether we have assurance that the district nurses are doing enough to alleviate the problem.

Julie Ross informed the Governing Body that healthcare acquired infections are considered at contract monitoring meetings with providers and the 14 day review meeting held within the CCG as well as reviewed regularly in the Joint Locality Executive Board (JLEB). Karen Bower asked whether other CCG's had improved and if so, could we learn from them. Eileen Higgins explained that Clostridium Difficile (C.Diff) is common where there are babies and animals in the home and household cleanliness should be looked at. John Unsworth advised that a whole system approach is needed e.g. in considering the use of antibiotics.

Jacqui Henderson acknowledged she was happy a lot of work has been done during a good year though there are huge challenges ahead to complete all the necessary actions.



Action:

NCCGB/14/46/1 - Personal Health Budget case studies to be brought to the private meeting of the next Governing Body

NCCGB/14/47 – Agenda item 7 - Berwick Maternity Service

Eileen Higgins presented the paper and advised that in May 2013 JLEB considered the new model of maternity service provision at Berwick Maternity Unit following the re-instatement of births on 1 July 2013. The numbers of births are still low and it is therefore difficult to have full assurance as to the safety of the unit. The CCG will seek an independent clinical review of the service over the next two months.

Jacqui Henderson highlighted the comment on the last page of the appendix indicating there was no local post-natal care. The model includes both ante-natal and post natal care in the community. Members agreed further investigation was required.

Steve Brazier questioned the cost of maternity care in this unit and Rob Robertson explained that the births are paid for by the CCG on a tariff basis regardless of the actual unit costs, but as Northumbria Healthcare bears these costs and these exceed the tariff cost, the cost of the unit is likely to be in excess of the £30 or £40k cost to the CCG. Jacqui Henderson asked whether we could seek confirmation of the overall financial position from Northumbria and Julie Ross confirmed that it would be a legitimate question to ask about value for money however, the overriding question is whether the unit is safe.

Julie Ross informed the Governing Body that the independent review will bring in an expert midwife. The review will be more about patient needs than cost and it should be recognised that Berwick is a long way north and needs this service. Rob Robertson said we should work with Northumbria to consider any cost saving opportunities and see what else could be done for patients in the Berwick area with any funds saved.

Paul Crook questioned that with an average of only one delivery per month, how could the unit be considered to be safe? Jacqui Henderson noted that there is now on-going training in place as well as supervision and rotation of shifts, which were not in place previously. Julie Ross concluded by stressing that whilst the evaluation has indicated that the unit is working, the CCG will continue to review its operation and formally report back to the board later in the year.

NCCGB/14/48 – Agenda item 8 - Mental Health Clinical Domain Update

Eileen Higgins presented the paper explaining that NHS England want to put mental health on a par with physical health and close the gap in deaths among mental health patients and the rest of the population who do not suffer from mental health problems. Rob Robertson explained that there will be a review of the pathways and development of payment by results. Rob Robertson stressed that it was important to highlight the risks associated with providers in general and Northumberland Tyne & Wear in particular, in growing their income and affirmed that the CCG focus is about improving patient care.

Peter Atkinson said that Eileen Higgins has done a great job and the CCG is working very



hard. However, he added that he was underwhelmed by the delivery of the mental health model of care that was presented in December 2013 and the lack of progress on deadlines. Peter noted that mental health is an enormous problem and has a higher total burden than cancer or cardio-vascular disease. He added that he felt a number of targets had been missed and it seemed that the September target for procurement of children and young people's services might also be missed. The Northumberland Mental Health Model of Care states that the CCG spends £50 million on mental health. The model of care points out how Northumberland spends £190 per head of population compared to a national average of £183. However, £50 million divided by £190 per head equates only to a population of 263,000 whilst the population of Northumberland is 333,000. The mathematics does not add up. Future growth is not shown in the report and Peter felt that with all due respect to the CCG, there is not a champion behind it. Peter wanted to make the point on behalf of the people in Northumberland with serious mental health problems that there are too many missed deadlines and a boost is needed by a champion who can push this forward. Julie Ross expressed disappointment that Peter felt like this because the CCG had taken active steps to address a number of issues in mental health – including for example, the ambitious improvement plan to improve young people's services. The work for young people had not been put out to tender because the plan had changed - not slipped.

Julie Ross and Karen Bower agreed to put the domain work plan on to the July meeting for the Resources and Performance committee and feedback to the next Governing Body. Rob Robertson said this would demonstrate how the model of care fits with the plan. Jacqui Henderson asked for the Resource and Performance paper to include some comparative information.

Action:

NCCGB/14/48/1 - add mental health domain work plan including comparative information to the July agenda for the Resources and Performance committee

NCCGB/14/49 – Agenda item 9 - Resource and performance

Karen Bower presented the minutes of the last committee on 9 May 2014 and drew the governing body's attention to three points:

1. The committee was assured that the practice activity scheme has, to date, sustained the quality of patient care. The practice of GPs discussing referrals in a group situation appears to be both supportive and enables the GP expertise to be shared.
2. Details of the high cost contracts were provided and it was clearly demonstrated how the contracts are constructed to fully support the priorities in the commissioning plan. The CCG uses innovative approaches to the design of the contracts to achieve the desired outcomes and to fulfil the general duty to act effectively, efficiently and economically.
3. The domain focus of this meeting was planned care and the priorities for 2014/15 were outlined. The main focus is on improving the quality of care for each patient by reducing unnecessary referrals and treating the patient's condition more effectively locally. Priority areas include musculo-skeletal pathways and ophthalmology. The Governing Body accepted and noted the contents of the minutes.

NCCGB/14/50 – Agenda item 10 - Engagement and quality

Peter Atkinson presented the minutes of the last committee meeting on 15 May 2014 and



pointed out that a few late alterations had to be made due to people being on holiday, although it was noted that all present did indeed have a copy of the chair approved minutes circulated prior to the meeting.

Peter pointed out that for anybody harbouring concerns that perhaps some of the lay members chaired meetings were not challenging the CCG the meeting on 15 May can put those worries to rest.

The committee interrogated a number of areas and the CCG either offered satisfactory responses or pledged to make further searching enquiries. The committee challenged the CCG on topics such as Northumbria Foundation Trusts sepsis levels, performance, falls, pressure ulcers and Friends and Family Test outcomes. Children's safeguarding issues were also challenged, as was Public Health's capacity to deliver the core offer. Further work will result as a consequence of all these challenges.

Julie Ross commented that JLEB has identified quality as one of our biggest issues this year. She added that this committee focusses on strong scrutiny and this is appropriate because quality is very important.

The ability of the CCG to monitor quality effectively gave continued assurance to the committee, as did the continuing efforts to maintain effective engagement with patients, the public, stakeholders and the GP practices. The five year engagement plan was discussed and examined.

The committee noted the development of three action-focused task and finish groups within the Quality Intelligence Group. The committee felt this was a helpful development.

The Governing Body accepted and noted the contents of the minutes. Jacqui Henderson confirmed that assurance is to be sought on actions at the next meeting.

NCCGB/14/51 – Agenda item 11 - Financial regulation and audit

Steve Brazier presented the minutes of the last committee on 22 May 2014, the Governing Body accepted and noted the contents of the minutes.

NCCGB/14/52 - Agenda item 12 - Assurance review and actions

The minutes of the extraordinary meeting of the Governing Body on 4 June are to be presented on 17 September.

NCCGB/14/53 – Agenda item 13 - Any other business

There was no other business, so Jacqui Henderson drew the meeting to a close by saying that it had been a good one and reflected on the way the CCG worked and she thanked everyone for their input.

NCCGB/14/54 – Agenda item 14 - Date and time of next meeting

17 September 2014 – Annual general meeting, Alnwick - venue to be confirmed

