

**Minutes of the Governing Body Annual Public Meeting
Wednesday 27 June 2018, 10.00am
Committee Room 1, County Hall, Morpeth**

Present

Karen Bower	Lay Member Corporate Finance and Patient and Public Involvement (Chair)
Vanessa Bainbridge	Accountable Officer
Siobhan Brown	Chief Operating Officer
Ian Cameron	Chief Finance Officer
Steve Brazier	Lay Member - Audit Chair
John Unsworth	Governing Body Nurse
Dr Paula Batsford	Locality Director - Blyth Valley
Dr Charles Dean	Locality Director - North
Dr Ben Frankel	Locality Director - West
Dr John Warrington	Locality Director - Central

In Attendance

Elizabeth Morgan	Director of Public Health, Northumberland County Council
Rachael Long	Corporate Affairs Manager
Melody Price	Business Support (Minutes)

Agenda Item 1 Welcome and introductions

Karen Bower welcomed members of the public to the meeting and explained she was chairing the meeting on behalf of Janet Guy, Lay Chair of NHS Northumberland Clinical Commissioning Group (CCG) who was unable to attend. This is the annual public meeting of the Governing Body and provides an update on the work of the CCG and progress made in 2017/18. This is a public meeting and there will an opportunity to ask questions towards the end of the meeting. Copies of the CCG's Year in Review summary are available at the meeting. The full annual report is available on the CCG's website and printed copies are available on request.

Agenda Item 2 Key aspects of the annual report 2017/18

Karen Bower and Siobhan Brown gave a presentation on the key areas in the annual report.

Our working environment: High performing providers

Provider CQC Ratings:

- Northumbria Healthcare NHS Foundation Trust – Outstanding
- Newcastle upon Tyne Hospitals NHS Foundation Trust - Outstanding
- Northumberland, Tyne and Wear NHS Foundation Trust – Outstanding

OFFICIAL

Primary Care:

- 42 GP practices in Northumberland
- Rated 12 out of 207 CCGs nationally for quality

Major areas of work for the CCG in 2017/18

- Significant Financial Recovery and refocusing of the CCG which remains in Special Measures and under Legal Directions
- Maintaining high levels of service quality and provider performance for our patients and the wider public
- Being a proactive member of the wider Sustainability and Transformation Partnership (STP) and regional integrated care discussions – noting the pause of the Accountable Care Organisation (ACO). Focus on vulnerable services and commissioning on a wider scale

The main CCG achievements in 2017/18

Care Navigators:

- New care navigation system embedded in Primary Care throughout Northumberland
- This involved training reception staff as care navigators in 33 GP practices
- Enhancing the patient experience by signposting patients to the most appropriate care channel, not always medical or in the NHS. Includes many community based programmes and services

GP Extended Access Service

- Provides patients with the ability to see a GP or other members of the team until 8pm each weekday and at weekends
- Delivered from 5 hubs evenly spread across Northumberland
- Equates to an additional 50,000 primary care appointments per year
- Challenges include workforce and preparing for Winter

Integrated Clinical Care

- Building on existing Multi-Disciplinary Teams. An initiative to transform community services and how they interact with Primary Care including:
 - Emergency Health Care Plans - a systematic approach where patients needs and wishes are known
 - Developing a new Care at Home Complex Health Team (CATCH Teams). Pilot in the North locality followed by roll out across Northumberland
 - Trusted assessor initiative - ensuring a smoother transfer to a care home after a hospital admission

Mental Health: Improving Access and Waiting Times

- In September 2015, the CCG commissioned a new provider, Talking Matters Northumberland (TMN) for Improving Access to Psychological Therapies (IAPT) services. Following a wide range of collaborative working between the provider and the CCG, performance during 2017/18 has significantly improved achieving at least the 50% threshold recovery rate
- Waits in Children and Young People's services (CYPS) deteriorated during the year but the CCG has worked closely with the service and performance is now improving

OFFICIAL

The main challenges in 2017/18

- Being in Special Measures and starting the journey of recovering the CCG's financial position. Delivered a £17.3m in year deficit and ended 2017/18 with a cumulative deficit of £57.8m
- Managing a long and hard Winter as a whole system
- Performance in urgent and emergency care
- Reducing the use of the hospital system and unlocking the resources in primary and community settings

Performance monitoring in 2017/18

- CCG overall performance was rated amber
- Referral To Treatment 18 weeks and Diagnostic Waits performance were rated green
- Ensured our providers have met the vast majority of our constitutional performance targets
- Areas that still require improvement include ambulance services, A&E and some areas of cancer (early figures from 2018 show a marked improvement)

Impact on patients and the public

- Less time in hospital settings
- More choice on times and locations for services including telephone, digital and group options
- Greater access at an earlier stage to mental health services
- The ability to find and deal with issues earlier to prevent and manage further deterioration
- More planned care - safer than unplanned care and supported by research

Patient and Public Engagement

- Two county wide patient forums were held in Alnwick and Morpeth using workshops and case studies to encourage comments and ideas
- Together with partners in Northumbria Healthcare NHS Foundation Trust and Northumberland County Council (NCC), the CCG led an extensive engagement exercise to consider the possibility of a new hospital in Berwick upon Tweed being part of an integrated development including health, social care and leisure services
- Final decision making business case for Rothbury Community Hospital was considered at a full public meeting in September 2017. The CCG awaits the outcome of the Independent Review Panel

Agenda Item 3 Overview of the 2017/18 accounts

Ian Cameron presented an overview of the CCG's accounts, which are set out in the full annual report.

Ian Cameron said the annual audit letter from the external auditors had been received. It stated that the financial statements gave a true and fair view of the CCG's financial position and had been properly prepared. The opinion on regularity and Value for Money conclusion notes the CCG reported a deficit.

OFFICIAL

At the close of 2017/18, the CCG had not met the statutory requirement to ensure expenditure in the financial year did not exceed its allocated resource. The CCG's in-year deficit for 2017/18 was £17.3m with a cumulative deficit of £57.8m. The CCG total revenue resource allocation for 2017/18 was £518.6m and the total spend was £533.9m.

Ian Cameron said 50% of the CCG's net spend was for acute care and highlighted the breakdown of the CCG's administration costs.

Agenda Item 4 The work of the Governing Body and Committees

Agenda Item 4.1 Governing Body

Karen Bower said the structure and responsibilities of the Governing Body changed in April 2018 due a revision of the CCG's Constitution and governance arrangements.

Karen Bower reported on the work of the Governing Body in 2017/18. The Governing Body consisted of local GPs, senior managers, a secondary care doctor, nurse practitioner and three lay members, and is chaired by Janet Guy, Lay Chair. The Governing Body meets bi-monthly and meetings were held in public. Dates were publicised in the local press and papers were available on the CCG's website.

The Governing Body's role is to take an independent and objective view of the work of the CCG, to provide the member practices and the public with assurance that the CCG is exercising its functions efficiently, effectively and economically and in accordance with the principles of good governance.

In 2017/18, the Governing Body was supported by two key committees:

- Joint Locality Executive Board
- Audit Committee

The CCG also has a Primary Care Commissioning Committee.

Agenda Item 4.2 Joint Locality Executive Board

Siobhan Brown reported on the work of the Joint Locality Executive Board. The Joint Locality Executive Board met monthly and was responsible for delivery of the CCG's executive management functions including the CCG's strategy and annual plan, target outcomes and outputs set by the national/regional authorised bodies, financial and non-financial performance, organisational policies and procedures, and agreeing contracts with organisations or individuals providing clinical or other services to the CCG.

The Joint Locality Executive Board was clinically led. Lay members were present at the meetings but not voting members.

Agenda Item 4.3 Audit Committee

Steve Brazier, Chair of the Audit Committee, said the Committee concentrates on ensuring the CCG adheres to the principles of good governance. It provides assurance to the Governing Body that the CCG has effective system control, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to

OFFICIAL

finance. The committee is questioning of the CCG and seeks additional assurance as required.

The committee meets bi-monthly and is supported by external audit and internal audit, the CCG's Chief Finance Officer and the Strategic Head of Corporate Affairs.

Agenda Item 4.4 Primary Care Commissioning Committee

Karen Bower said that Primary Care Commissioning Committee was chaired by Janet Guy. It was established to enable the members to make collective decisions on the review, planning and procurement of primary care services in Northumberland, under delegated authority from NHS England (NHSE). The functions of the Committee are undertaken to promote delegated commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The committee meets bi-monthly in public and comprises of representatives from the following organisations:

- NHS Northumberland CCG – lay members and officers
- Northumberland Local Medical Committee
- Northumberland County Council
- Healthwatch Northumberland
- NHS England

The following were some of the reports discussed in 2017/18:

- Alnwick practice mergers - the two surgeries were very close and the merger provided patient benefits and reduced duplication
- There was a presentation by Glynis Gaffney, CQC lead inspection lead, on the changes to the inspection regime. Overall good and outstanding practices will have fewer inspections in future. 97% of Northumberland practices are good or outstanding.
- Vanguard evaluation
- GP patient survey - 87% rated Primary Care in Northumberland as good, which is higher than the national average

Revised CCG governance arrangements

Karen Bower said the revised CCG Constitution was approved by CCG member practices and NHSE earlier in the year and implemented from April 2018. She outlined the revised governance structure and arrangements. Governing Body have become the strategic decision making body of the CCG supported by the Clinical Management Board, the tactical/operational decision making body of the CCG. Both have a clinical voting majority and lay members have increased involvement in decision making.

Governing Body is also supported by the Audit Committee, Corporate Finance Committee and the Appointment and Remuneration Committee.

The Primary Care Commissioning Committee remains an independent decision making committee for Primary Care services in Northumberland, under delegated authority from NHSE.

OFFICIAL

The CCG is a member of the new and developing Joint CCG Committee Cumbria and North East.

The revised governance arrangements will be reviewed in September 2018.

Agenda Item 5 Pre submitted questions from members of the public

There were no pre submitted questions.

Agenda Item 6 Questions from the floor

Member of the public: Integrated Care Systems (ICS) appear to have no rules or handbook. Are the regulations keeping up with the changes? What is the plan to protect patients? Are there any rules or a handbook?

Vanessa Bainbridge said primary legislation had not changed. The governance and decision making processes are the same and sit with the CCG. The Joint CCG Committee Cumbria and North East is looking at commissioning and providing services in systems, where they are best done at scale, and what can be done collectively, such as ambulance services and NHS 111. Christine Briggs, Director of Delivery and Commissioning, NHSE said the NHS 5 Year Forward View documents describe this.

NCC Councillor: There are five hubs in Northumberland that provide GP appointments until 8pm and on weekends. Where are they?

Ben Frankel said the GP Extended Access hub in the West locality was based at Corbridge Health Centre. The utilisation rate of appointments is between 70% to 80%.

Paula Batsford said the Blyth Valley locality hub was based at the Village Surgery in Cramlington. The utilisation rate of appointments is between 85% to 90%. Additional services are offered. Information about the service is available in all local practices.

Charles Dean said Berwick, Glendale and Well Close practices co-ordinated to cover the extended access period in the North locality, along with Alnwick Medical Group, Gas House Lane Surgery, Greystoke Surgery and Widdrington Surgery. Information is available on practice websites and Patient Participation Groups are aware of the service. Christine Briggs said she had personal experience of using the service having called 111 and being triaged to Alnwick.

John Warrington said the Central locality hub worked on a rota between Brockwell Medical Group in Cramlington, Lintonville Medical Group in Ashington and Wellway Medical Group in Morpeth. The utilisation rate of appointments is over 90%. Information is available on practice websites. The hub provided cover over the Easter Bank Holiday period for Northumberland. There is a further hub in the Central locality based at Wansbeck which works a rota across Bedlington Medical Group, The Gables Medical Group, Guide Post Medical Group, Seaton Park Medical Group and Laburnum Surgery. The utilisation rate of appointments is between 85% to 90%.

NCC Councillor: A major issue is the communication about where people should go when they are ill i.e. Cramlington, Alnwick, etc. This needs to be sorted. Advertising

OFFICIAL

needs to be considered as some people do not have access to the web or local newspapers.

Vanessa Bainbridge said it was the responsibility of both commissioners and providers to produce clear and understandable information explaining what people should do when they are unwell. There is the important message around self-care and people need to be signposted to the most appropriate services. Care navigators have been introduced in most practices in Northumberland and support planners are in place in social care.

Representative from Glendale Medical Surgery PPG: A high proportion of males are colour blind. Information being produced relies on the use of colour. Blue and yellow are more easily recognised. Need to consider this when producing information.

The annual report executive summary mentions the success of the patient forums. The forum in Morpeth was excellent but only 12 people attended and some people were already involved in patient groups. The forums need to be better communicated. Not everyone uses the web. Advertising on television or radio could be powerful.

I live in a rural location between Berwick and Wooler, a 1 hour drive from Ashington/Wansbeck and the Borders. It is fine for a first appointment to be in Wansbeck General Hospital but follow up appointments for 10 minutes are a problem. Airedale General Hospital relies on Skype. The CCG could make more use of iPads/technology.

Siobhan Brown said different ways of working using technology are on offer and further work is being considered.

Patient representative from Guide Post Medical Group: 'Easy speak' is needed. A lot of people would not understand the annual report summary. Information needs to be clearer. A lot of people do not use computers. Young people need to be targeted and encouraged to get involved.

Vanessa Bainbridge said the CCG is proactively working with Healthwatch Northumberland regarding patient communication and engagement. There are dedicated roles actively working with Children's Services.

Patient representative from Wellway Medical Group: The CCG should consider the use of village halls and person to person contact. Need to communicate health services to everyone.

Lynne Hodgson, Director of Finance and Resource, North East Ambulance Services NHS Foundation Trust: The annual report summary states that ambulance response times deteriorated month on month which is not accurate. New ambulance response categories were introduced from October 2017 and C1 targets were met in February and March 2018.

Vanessa Bainbridge said 2017/18 response time data used in the report would be reviewed and an update provided to Lynne Hodgson.

Representative from Allendale Medical Practice PPG: I am uncomfortable about not understanding the structure of the NHS, role of the CCG and language used to connect

OFFICIAL

with patients. The CCG needs to consider how to make better use of patient groups and people who are willing to help. Training is needed.

Vanessa Bainbridge said the structure of the NHS and terminology can be difficult to understand. The CCG has an allocated budget from NHSE to purchase services that ensure the population health needs of Northumberland are met. The CCG also monitors performance and quality of services provided. Primary Care and other providers also want to engage with patients and the public to hear their views but it's important not to duplicate. Audrey Barton, Communication and Engagement Manager, CCG said locality patient forums are being reviewed. Work is ongoing with NCC's Youth Service and more engagement sessions are planned

Agenda Item 7 Formal meeting close

Karen Bower thanked everyone for attending the meeting and contributing to such a lively debate.