NHS
Eastern Cheshire
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY held in public

Wednesday 31 July 2013

Macclesfield Town Hall

MINUTES

VOTING MEMBERS OF THE GOVERNING BODY

Dr Paul Bowen	Executive Chair, GP McIlvride Medical Centre, Poynton	PRESENT	
Gill Boston	Lay Member, Patient and Public Involvement	PRESENT	
Dr Mike Clark	General Practice Representative – Macclesfield	PRESENT	
Gerry Gray	Lay member, Governance		APOLOGIES
Jerry Hawker	Chief Officer	PRESENT	
Dr Jennifer Lawn	General Practice Representative – Knutsford	PRESENT	
Melanie Lyman	General Practice Representative – Congleton and Holmes Chapel	PRESENT	
Dr James Milligan	General Practice Representative – Alderley Edge, Chelford, Handforth, Wilmslow		APOLOGIES
Alex Mitchell	Chief Finance Officer	PRESENT	
Sally Rogers	Registered Nurse Member	PRESENT	
Dr Julie Sin	Senior Public Health representative, Associate Director of Public Health, Public Health department, Cheshire East Council	PRESENT	
Bill Swann	Lay Member, Patient and Public Involvement	PRESENT	
Angela Wales	General Practice Representative – Bollington, Disley, Poynton		APOLOGIES
Duncan Matheson	Secondary Care Doctor		APOLOGIES

IN ATTENDANCE

Hazel Burgess	Note taker
Matthew Cunningham	Corporate Services Manager
Neil Evans	Head of Business Management
Samantha Nicol	Caring Together Programme Director (for item 3.1)
Rebecca Patel	Patient Engagement Manager
Ruth Carnall	Carnall Farrar LLP (for item 3.1)
Jacki Wilkes	Head of Clinical Development and Health Outcomes
Sheila Williams	East Cheshire Trust - Designated Nurse, Cared For Children (for item 2.1)
Members of the public	

1.	PRELIMINARY BUSINESS
1.1	**Welcome and Opening Remarks from Chair** Dr Bowen welcomed all present to the meeting. He observed that nationally the first set of 'Friends and Family test' results had just been published and commented that this presents an opportunity to measure quality in hospitals not by the meeting of performance targets, but by the gaining an understanding of carer experience and the health outcomes of patients. He said that the agenda for today's meeting also had a focus on quality of services, which has in the past often gone unmeasured.
1.2	**Public Speaking Time** Dr Bowen said that he was encouraged to see that so many members of the public had come along to the meeting. He reminded those present that there would be an opportunity for an informal Question and Answer session at the end of the meeting. A summary of the questions and comments submitted in writing in advance of the meeting, with the answers given, is attached to the Minutes as Appendix A. Written answers will be sent to the enquirers and posted on the CCG's website under the Frequently Asked Questions section.
1.3	**Apologies for absence** had been received from Gerry Gray, Duncan Matheson, Dr James Milligan and Angela Wales
1.4	**Declaration of any relevant interests on items on the agenda** No new declarations of interest were made on items on the agenda.
1.5	**Minutes of the previous meetings** **The Minutes of the meeting held on 27 March 2013** – a further clarification has been requested re the scope of Healthwatch and children on page 3 as follows: **Whilst the new Local Healthwatch has no powers to Enter and View children's establishments in Social Care (as with the previous LINks) it does have the power to inspect healthcare provision for children e.g. Paediatric and Neonatal Care Units (as did LINks).** This change will be made and the amended minutes uploaded to the CCG's website as a record of the March meeting. **Minutes of the meeting held in public on 29 May 2013** Page 10 – final paragraph, wording amended from 'Dr Julie Sin, the CCG's ***public health link to*** Cheshire East Council' to ' … the CCG's ***link to the public health team of*** Cheshire East Council' final sentence – the words '**and arrange resources'** will be deleted. With these amendments the minutes were accepted as an accurate record.

	Matters arising **1.6.2 – National Integrated Care Pilots -** The outcome of the Cheshire bid, including the Caring together Programme, to be selected as one of eight national pilots for integrated care ('the Pioneer bid') is not yet known.
1.6	**Chief Officer Briefing**
1.6.1	**The Comprehensive Spending Review and implications for NHS Eastern Cheshire CCG** A link had been provided to information on this: http://goo.gl/t0aOr and the attention of the Governing Body was drawn to two points in particular on future NHS budgets and allocations to CCGs: Whilst the Government has committed to protecting funding for the NHS the likelihood of any growth is quite remote, therefore planning for the future must be done based on 0% growth in income. Since the financial year 2009/10 there has been a requirement for funding to be transferred from the NHS to local authorities for investment in local authority-run schemes deemed to be beneficial to health and wellbeing e.g. 'reablement'. Nationally this transfer of funds will increase from the current figure of £1.9 billion annually to £3.8 billion from the financial year 2015/16. The implication in Eastern Cheshire is that from 2015/16 an extra £6.7 million from the CCG's health spend will be transferred to the local authority. In total in 2015/16 Cheshire East Council will receive £22–25 million from the NHS. Discussion start this month with Cheshire East Council as to how the funds will be invested in local authority services that support health and wellbeing. Use of these funds will be subject to scrutiny by the new Cheshire East Health and Wellbeing Board, of which Eastern Cheshire CCG is a statutory member. An update will be brought back to the Governing Body in the autumn re the discussions on the use of the money. In answer to a query whether there is any clarity on what the annual £6.7 million transfer from the CCG's budget from 2015/16 would be used for, it was replied that a draft set of conditions are being negotiated between Government departments which will designate that the funds should be used to support existing social services, in particular 24 hour/7 day services, with the aim of reducing use of Accident and Emergency departments and reducing avoidable emergency admissions to hospital. It is understood that money could be withdrawn if the local authority cannot demonstrate how it is being used to meet those conditions. The CCG will work with the local authority and colleagues in HealthWatch to ensure that the same level of scrutiny which is applied to NHS spending is applied to this money spent in social care, requiring that its investment is evidence-based and demonstrates delivery of better outcomes for patients whilst taking fixed costs out of the NHS.

1.6.2	**NHS England 'A call for action' consultation** http://goo.gl/GK0Cb0 This is a consultation being undertaken by NHS England with the population of England, raising awareness of the challenges for the NHS, in particular the projected gap of £30 billion between what is currently being spent in the NHS and what will be required by 2021 at current growth rate of usage and demand. Jerry Hawker observed that this consultation highlights the same situation nationally as within Eastern Cheshire, which the CCG is endeavouring to address through the ambitious Caring together Programme. He recommended the document 'The NHS belongs to the people: a call to action' http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf to the Governing Body members as an important and timely paper.
1.6.3	**The Keogh Review** http://goo.gl/IyAS03 Produced after the Francis Report on failings at the Mid Staffordshire Hospital, the Keogh report, published on 16 July 2013, identifies 14 hospital trusts with higher than expected mortality rates. Whilst the recommendations were produced for those 14 hospital trusts, they apply to all trusts in England and the CCG's Quality and Performance Committee will follow up the eight areas for improvement with East Cheshire NHS Trust. Eastern Cheshire CCG is not the lead commissioner on contracts with Stockport and South Manchester NHS Foundation Trusts but is working with the local CCGs to ensure they are following up a robust process with those providers also.
1.6.4	**NHS 111** Jerry Hawker referred to recent media reporting of failings and concerns re NHS 111 providers, particularly in the south of England, and the announcement this week of the withdrawal of NHS Direct as a provider of the NHS 111 service. NHS Direct had been the provider of the service locally when it was introduced. He assured the Governing Body that the CCG, along with neighbouring CCGs, are constantly monitoring the performance of the NHS 111 service. At the outset when there were serious and significant challenges with the new service, the CCG took immediate action by re-introducing the Out of Hours service run by local GPs as an interim measure whilst the concerns with the nationally-directed NHS 111 service were addressed. The local GP Out of Hours service is clinically very strong and is still in place. The CCG is working with other CCGs across the North West looking at how the NHS 111 service could be redesigned for the future. All CCGs will be required to re-tender for NHS 111 next year. The CCG sees the many advantages and the simplicity of the principle of NHS 111, however there is a need to resolve the challenges of how it is provided and its capacity to respond.

	Advanced negotiations are taking place with a number of potential providers and assurances are being sought that lessons have been learned from the experience with/of NHS Direct. There was a query about whether there is any feel for how the public has been affected by problems since NHS 111 was introduced. There are anecdotal reports nationally that initially people did not get a good service from NHS 111 when it began, and went to Accident and Emergency departments; this was particularly acute in April and May. The service has improved significantly and Accident and Emergency attendances have decreased. It was commented that another consequence is that people are phoning their GP surgeries rather than NHS 111. Jacki Wilkes, lead for NHS 111 for the CCG, reported that although numerous problems were experienced locally initially, there have been no serious untoward incidents in this area as a result of patients' contact with NHS 111. Clinical concerns have reduced significantly and continue to be monitored, most of these related to people not being directed to the right level of service. There was a query about how the CCG is communicating with the public about the issues with the service which are being reported in the daily news. The CCG recognises that the public may be confused and concerned about the service and currently posting statements on its website as information is published, giving consistent assurances that people ringing NHS 111 or the GP Out of Hours service will be dealt with appropriately. It was clarified that when people phone their GP surgeries out of hours they will either be redirected straight to the Out of Hours Service or be provided with the number to call. If they dial 111 they will get through to the NHS 111 Service. GPs are advising their patients to dial the Out of Hours service and will continue to do so until assurances are given around the NHS 111 service. There was a query about timelines for NHS Direct's withdrawal for service provision and whether there are robust interim arrangements. There is an agreed programme of work, including transfer of staff, between now and April when NHS Direct withdraws. There is a small team working on behalf of all 5 Cheshire CCGs in the managed transition process, and contributing to the development of a new model.
2.	**ITEMS FOR DISCUSSION**
2.1	**Promoting Health and Wellbeing of Cared for Children in Cheshire East 2013 Annual Report** Sally Rogers outlined how the paper on today's agenda reported on work done with 'looked after children' in Eastern Cheshire, and the CCG's responsibility and duty to work with the local authority to meet the health needs of those children. This year Eastern Cheshire and South Cheshire CCGs agreed to increase funding for the service provided in the Cheshire

East Local Authority area, enabling additional nursing and administrative resource to be put in place to provide a timely and good quality service.

Jerry Hawker thanked Sheila Williams, East Cheshire Trust Designated Nurse for Cared for Children for the very informative report and she took questions from the Governing Body.

In answer to a query about the numbers of children who have come into Cheshire East from other local authority areas, and those from Cheshire East who have been placed out, it was stated that these figures are roughly equal. Children are generally not placed more than 20 miles from their origin, children from Cheshire could be placed e.g. in Derbyshire or Stockport or Stoke but some go to more distant locations. Nationally, responsible commissioner guidance has yet to be clarified. There is a need for reciprocal agreements to be in place so that locally one CCG does not charge another CCG on a case by case basis. Health assessments are carried out on children placed out of area there, as they are carried out on children placed into Cheshire here.

Responding to a question on whether there are particular issues to be aware of when 'cared for children' become adults and transition out of the service, it was stated that children who have been in care for a long time have to be more independent than their peers by age, but need support to help set up their own accommodation and manage their own health needs going forward. The extra funding provided by the CCGs will mean a nurse working with each CCG area and will make a real difference to care leavers, who do not have access to a school nurse or health visitor.

It was confirmed that there can be a need for ongoing psychological support post fostering period or adoption, because of the nature of the experience of the children. In Cheshire East there is a support team which works with cared for children, preparing them and the carers for adoption. The more vulnerable children remain the responsibility of the placing authority until three years after their legal adoption.

In answer to a query on measurement of improved service as a result of the increased funding, it was stated that the increased capacity and more visible nurses will mean the aim to offer to 100% of children health assessments, immunisations, dental checkups and developmental checks is potentially now achievable, however, children aged 16+ sometimes decline health assessments and a future report will show the number of assessments offered, as well as those carried out.

The new team will be fully in place by the end of Autumn. An update will be brought to the Governing Body early next year, with a further full annual report next summer. Any emerging concerns in the intervening periods will be notified to the Governing Body.

The Governing Body

- **Noted and accepted the annual report**

	• **Supported the areas for development**
2.2	**Quality Assurance** Neil Evans Head of Business Management summarised the background to the preparation of the report on a review of the Quality Assurance processes in place at Eastern Cheshire CCG. An action plan has been developed based on the gap analysis and a holistic quality strategy highlighting priorities is now being developed with the benefit of all guidance now available. Within the CCG, additional staff have been recruited, including a new clinical role for improving quality in primary care, one of the recently announced new responsibilities for CCGs although they do not hold the contracts for primary care. Regarding formal reporting, the Quality and Performance Committee proposes to apply a robust management approach, each month taking a report highlighting delivery against the plan, and noting the mitigating actions and anything falling behind. The minutes of those meetings are provided to the Governing Body for and to highlight any issues or risks. There was a query as to how patients and service users are being involved in assessing the quality of services locally. The CCG intends to work closer with groups using the full range of healthcare services, and where appropriate implementing improvement plans. Work will also be done on how to get feedback through HealthVoice and HealthWatch. GPs now have the IT application DATIX on their computers to register concerns and comments from patients re services not meeting their expectations. It was agreed that as well as learning from mistakes, learning can be taken from good practice which should be adopted and emulated Regarding encouraging kite marks and charters in the assurance process, the CCG encourages providers in what is deemed to be best practice; there is an incentive for providers to raise standards to ensure they are the provider of choice when patients choose where to go for treatment. In answer to a question about the level of support available to the business team from the contact with the Cheshire and Merseyside Commissioning Support Unit (CMCSU), also a new organisation, it was replied that although a holistic business intelligence service is not yet being provided, progress is being made and there are pockets of expertise in the CMCSU which the team can access. Challenging deadlines have been set for the CMCSU for them to reach the level of capability that the CCG requires; if these cannot be met, a different approach will be taken. The Chair commented that HealthVoice, the CCG's patient reference group, is being re-structured, with committees focusing on particular areas. Members will be able to use their experience and their contacts across health and social care to provide 'soft' but real intelligence to the CCG on a range of issues. In the meantime the process will become more robust as

	the new organisations develop further. All were invited to send any further comments on the report to Neil Evans.
	The Governing Body • **Noted the report, the Francis Report summary, the progress on the Winterbourne actions and the recommendations set out in the report** • **Endorsed the actions described within the high level action Plan in Appendix 5**
2.3	**NHS Social Care Allocation to Cheshire East Council for 2013/14** Jacki Wilkes, Head of Clinical Development and Health Outcomes reported on the process whereby the NHS Social Care Allocation for Cheshire East Council will be transferred. The fund is determined by the Department of Health, and is transferred to NHS England for release to local authorities to be invested in social care services where there is a benefit to health, provided that local CCGs agree that the proposals for its use meet the requirements. The NHS social care allocation for Cheshire East Council has increased by £1.4 million from £3,756,000 last year to £5,192,074 for this financial year (2013/14). Early signs are that there is good return on the investment in terms of outcomes for patients in some but not all investment areas.. There was a query as to whether any part of this fund would be for carer's breaks. It was explained that funding for carer breaks is currently jointly commissioned by health and social care from a different pot of money. The amount set aside for carer breaks is not being reduced and from 2015/16 onwards it will be included in the NHS Social Care Allocation. In answer to a request for clarification about where the NHS Social Care Allocation money comes from, it was clarified that currently the money is top sliced from the NHS budget and transferred to local authorities via NHS England without touching CCGs' budgets. However, from 2015/16 this sum will be supplemented from money which will come from CCG budgets. There was a query about how the outcomes of the spend will be evaluated. Jacki Wilkes stated that the evaluation framework could be more robust and clear. A Task Group including representatives of CCG finance and contracting teams and clinical leadership will identify key outcomes. NHS England will decide whether or not the money is transferred, the CCG's role is to support and/or add a caveat and the recommendation to the Governing Body is support with a caveat about the need to strengthen the governance arrangements.
	The Governing Body agreed

	• **Confirmation of NHS Eastern Cheshire CCG's support for NHS England to sign the Memorandum of Agreement releasing the NHS Social Care allocation to Cheshire East Council** • **A recommendation to NHS England that caveats are placed upon the release of the funding re establishing of clearly defined health and social care outcomes and the requirement for additional governance arrangements between the local authority and CCG** **Proposed by Gill Boston, Seconded by Bill Swann**
	[There was a 10 minute comfort break]
3.	**STANDING ITEMS**
3.1	**Caring Together Programme Update** Samantha Nicol, Integrated Care Programme was accompanied to the meeting by Ruth Carnall of Carnall Farrar LLP, one of the two consultancies working in partnership with the CCG on developing a strategic plan as outlined in the paper. Sam Nicol outlined how the Strategic will guide the formal structure of the Programme and ensure all pieces of work are aligned. Partner organisations will hold the Programme to account through the newly constituted Caring Together Executive Board, replacing the Eastern Cheshire Partnership Board and the Caring Together Board. The new Board's first meeting on 7th August will receive the draft Strategic Plan, which will be refined during August and September. There was a query about the work of the culture transformation design group and a discussion ensured about how culture transformation has to be embraced by everybody in order to become embedded. In answer to a query it was explained that the Treasury Green book referenced in the report at 8.1 is guidance on constructing a business case. It was confirmed that the benefits realization plan mentioned at 8.2.6 will be about health benefits, not finance. Jerry Hawker invited Ruth Carnall to comment on progress so far with Caring together based on her experience working in other health economies. Ruth Carnall briefly outlined her background in the NHS and experience in consultancy and said that she was proud to be associated with such a hugely ambitious project. The other consultant partner currently working on the Caring together Programme, McKinsey & Co has been involved at an international level but the scope of Caring together, encompassing all organisations, services and ambitious outcomes for the local population is unique compared to other programmes. She commented that a huge amount of work has already been done in a very short space of time and is being built upon to create a business case that will stand up to scrutiny. This also differs to strategic work done elsewhere in that it is being done in partnership with the CCG and its partners, rather than 'for' the CCG. It is to be hoped that the Programme will provide a successful model to be

	followed by others. Jerry Hawker agreed that the work being undertaken is very ambitious and said that it is requiring a high level of commitment from all staff to take on the challenge in addition to 'doing the day job'. He wished to put on record his appreciation for the amount of hard work staff are putting in. He also expressed his thanks to Carnell Farrar and McKinsey and Co for agreeing to work in partnership with the CCG, and thanks to East Cheshire NHS Trust staff, the local authority, Cheshire & Wirral NHS Partnership Trust and in GP practices for their support. The Strategic Case for Change document, including more detail on quality benchmarking, finance and benefits realisation will be brought to the September meeting for endorsement.
	The Governing Body • **noted the progress on the work areas identified in the CCG's Prospectus** • **noted the process and timeline for the development of the Caring together strategic plan and business case** • **agreed to receive the Caring Together Strategic Plan at the Governing Body Meeting in September 2013**
3.2	**Finance and Performance Report, Month 3 as at 30 June 2013** Alex Mitchell told the group that the year to date financial position of the CCG is an overspend of £165,000 but stated that the forecast is still to deliver an end of year surplus of £200,000. He stated that the QIPP (Quality Innovation Productivity and Prevention) initiatives are aimed at maintaining the provision and quality of service whilst reducing duplication and highlighted that, based on previous years' experience of overperformance on provider contracts, a growth reserve of £2.8 million has been included in the Financial Plan. Four new staff have now been recruited for to Finance Team to monitor the CCG's budget. There was a question about whether the QIPP strategy of asking providers to reduce their costs for LD services created any consequent risk to the viability of services. It was explained that there had been protracted discussions with providers, who had been asked to make a voluntary reduction in costs ranging from 5–15% with the assurance of a 1,2 or 3-year contract at the revised rate. The providers had committed to provide the same level of service and this will be monitored through feedback from patients and carers. The issue of difficulties validating invoices for individual patients as highlighted in 3.2 of the report was highlighted. Current national guidelines are the CCGs cannot access patient-identifiable data and therefore cannot verify that invoices received are for residents of Eastern Cheshire. This is

	being raised at a national level and in the meantime invoices are being processed in good faith. There was a query over the way the forecast surplus is shown to be achieved in the financial plan, particularly as initially when the CCG's financial allocation had been announced, a large deficit had been described. It was explained that the negotiations with NHS England reported at previous meetings had resulted in an agreement to vary the original mandated requirements regarding monies required to be set aside and monies required not to be spent on recurrent contracts. A new mandated surplus of £200,000 was agreed with NHS England and this is shown as a line in the budget as a cost.
	The Governing Body • **Noted the cumulative overspend of £165,000 as at 30 June 2013** • **Noted the forecast year end underspend of £200,000** • **Approved the revised QIPP plan**
3.3	**Sub Committee Minutes for Information**
3.3.1	**Governance and Audit Committee meetings – May and June 2013** The notes of the meetings on 29th May and 26th June 2013 were received and noted. It was noted that the minutes mentioned timescales for bringing of a governance framework to the Governing Body; this would be revised due to cancellation of the July Governance and Audit Committee meeting.
3.2.2	**Remuneration Committee** At a meeting in June remuneration for staff of member practices who are employed by the CCG was discussed and agreed. Also approved were the contracts of employment for CCG staff and the Lay Members. The legacy arrangements for subsidised lease car policies for CCG staff were reviewed and an options paper will be considered at a future meeting.
3.2.3	**Clinical Quality and Performance Committee Meetings** The Minutes of the meetings held on 22nd May and 19th June 2013 were noted.
3.4	**Advisory Committees – summary reports**
3.4.1	**ECCCG Locality Management Meeting – summary of discussions at meeting in May** The summary of the discussions and presentations at the July meeting of the member practice was noted. It was added that the second half of the meeting had been a very useful workshop looking at service implementation and improvement in child and mental health, alcohol misuse and learning disability services, and had been a good example of helping to improve

	strategies through partnerships. There was a comment that the theme of 'Caring together' is starting to appear in all the CCG's meetings. Dr Bowen added that better relationships are beginning to be built between GPs and secondary care doctors who in recent years had begun not to interact to the same degree as in the past. There was a query about the steps being taken to ensure that hard to reach groups are offered health checks. Health checks are now commissioned by Cheshire East Council and delivered by GPs on the basis of an open invitation to anybody aged 40–75, with a new systematic call and recall system coordinated by the public health team. Cheshire East Council's Public Health Department is aware of the need to reach out to those who are not registered with a GP and Dr Sin noted the request for data on 'no shows' to be collated and reviewed.
3.4.2	**Eastern Cheshire Community HealthVoice Meeting – 31 May 2013** The summary of discussions held at the meeting on 31st May was noted, including the proposed structure of sub-groups, giving people the opportunity be more focused on their specific interest areas, and a providing a more formal mechanism for two-way communication with the Governing Body through a steering group. The proposals will be worked through at the next meeting on 16th August. There was a question about how engagement with the views of children can be gathered and incorporated in HealthVoice. It is recognised that there is a challenge in getting children and young people involved in a meaningful way that makes a difference. Links have been made with existing networks (e.g. 'Just Drop In') and expertise of the voluntary sector is being sought, in addition to working with the Children's Trust and although there might not be attendance at meetings by children and young people, work is being done to gain their input.
3.4.3	**Eastern Cheshire Partnership Board – meeting held on 17th July 2013** There was no meeting in June. The main purpose of the meetings over the last three to four months had been to agree a coordinated approach between the partner organisations delivering health and social care in Eastern Cheshire. At the July meeting it was agreed to end the Partnership Board, replacing it with the new Caring Together Executive, which will be wholly focused on the Caring together Programme.
4.	**ANY OTHER BUSINESS**
	None on this occasion. The meeting closed.
	DATE OF NEXT MEETING HELD IN PUBLIC
	Wednesday 25 September 1-3.30 pm – venue to be confirmed