

## Minutes of the NHS Tower Hamlets Clinical Commissioning Group Governing Body Meeting (Part 1)

Tuesday, 26 September 2017, 14.30 – 17.00

The Theatre Room, Oxford House, Bethnal Green

### 1.1.1 Present

Name	Role	Organisation
Sam Everington	Chair & Network 6 Representative	NHS THCCG
Simon Hall	Acting Chief Officer	NHS THCCG
Mariette Davis	Lay Member for Governance	NHS THCCG
Henry Black	Chief Finance Officer for THCCG & North East London Sustainability & Transformation Plan	NHS THCCG
Isabel Hodkinson	Network 5 Representative	NHS THCCG
Judith Littlejohns	Network 1 Representative	NHS THCCG
Osman Bhatti	Network 7 Representative	NHS THCCG
Julia Slay	Lay Member for Public & Patient Involvement	NHS THCCG
Victoria Tzortziou-Brown	Network 3 Representative	NHS THCCG
Tan Vandal	Secondary Care Representative - Doctor	NHS THCCG
Noah Curthoys	Lay Member for Corporate Affairs	NHS THCCG
Linda Aldous	Practice Nurse Representative	NHS THCCG
Maggie Buckell	Secondary Care Representative - Registered Nurse	NHS THCCG
Denise Radley	Director of Adults' Services	LBTH
Somen Banerjee	Director of Public Health	LBTH
Shah Ali	Network 8 Representative	NHS THCCG
Virginia Patania	Practice Manager Representative	NHS THCCG
Archna Mathur	Director of Performance and Quality	NHS THCCG

### 1.1.2 [In attendance](#)

Name	Role	Organisation
Ellie Hobart	Deputy Director of Corporate Affairs	NHS THCCG
Richard Quinton	Finance Advisor	NHS THCCG
Justin Phillips	Corporate Governance Manager	NHS THCCG
Sophia Beckingham	Corporate Governance Officer	NHS THCCG

### 1.1.3 [Apologies](#)

Name	Role	Organisation
Imrul Kayes	Network 2 Representative	NHS THCCG
Sarit Patel	Network 4 Representative	NHS THCCG
Deane Kennett	Assistant Director of Acute Contract Management	NEL CSU
Ali Kalmis	Director of Acute Contract Management	NEL CSU

Jane Milligan	Accountable Officer & Executive Lead for North East London Sustainability & Transformation Plan	NHS THCCG / NEL STP
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## 1.1 Welcomes

Sam Everington (SE, Chair) welcomed members and attendees to the meeting and members of the public seated in the public gallery.

## 1.2 Declarations

SE asked members for any declarations of interest relating to matters on the agenda. No additional declarations of interest were noted for Part I of the meeting.

It was noted that the CCG Register of Interests is available at the meeting and the complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website: <http://www.towerhamletscg.nhs.uk/about/conflict-of-interest-register.htm>

## 1.3 Chair's Report

The Governing Body Members **NOTED** the report.

## 1.4 Chief Officer's Report

SH (Simon Hall, Acting Chief Officer) noted that the CCG has been shortlisted for two HSJ wards which was positive for the organisation, and noted that, regardless of the outcome, it highlighted the innovative work of the CCG and its dedicated staff.

SH noted that there had been internal discussions regarding the election of Governing Body members as per the CCG's constitution, noting that members can serve their terms on the Governing Body for a maximum of six years. All Governing Body members are within this term and SH therefore recommended that the elections be held later in the financial year when local system change has settled and new governance structures become clearer.

SH informed the Governing Body that he had met with the Secretary of State and Simon Stevens (Chief Executive of NHS England) with colleagues from other challenged health economies regarding their local winter planning, explaining that NHS staff were strongly encouraged to get the flu jab this year. SH noted that last year there had been a positive uptake of the jabs amongst staff and it was hoped this success could be replicated again this year.

The Governing Body Members **NOTED** the report.

## 1.5 Minutes and Matters Arising

SE asked the Governing Body members to check and confirm the accuracy of the previous draft minutes of the meeting held on 25<sup>th</sup> July 2017. The minutes were **APPROVED** as an accurate record of the meeting with the caveat that Richard Quinton (RQ, Finance Advisor) would edit the sentence structure of a line on page 13 relating to QIPP.

- **Action: Sept17#1 - Edit sentence on page 13 to ensure clarity – SB & RQ**

## 1.6 Member's Story

The Member's Story outlined the recent improvement of the Harford GP Practice, which was recently assessed as 'Good' by the CQC after previously being assessed as 'inadequate'. The video outlined the improvement plans that had been put in place and how the recent work at the practice had positively influenced management, staff and clinicians.

SH and SE congratulated Harford Health Centre, and noted that the CCG will write to the team at the practice and send them a congratulations gift. SE also thanked Virginia Patania (VP, Practice Manager Representative) and Jenny Cooke (Deputy Director of Primary Care, CCG) for their work and support in the quality improvement plan.

VP highlighted that she had been working with the practice to develop quality improvement plans to improve areas such as complaints, waiting times and appointment booking systems. VP noted that the practice staff had worked very hard to put in place changes and improvements, and the success of the CQC results had relied on their commitment and passion. VP also thanked the CCG for their support for the GP practices in Tower Hamlets.

The Governing Body **NOTED** the Member's Story.

- **Action: Sept17#2 - Send the video to Steve Field, Virginia Patania and other colleagues – SBe & JP**
- **Action: Sept17#3 - Write letter of congratulations with a gift to the practice and its staff – SH & SE**

## 2.0 Commissioning and Strategy

### 2.1 (a.) Tower Hamlets Together and Joint Commissioning Progress

IH updated the Governing Body regarding recent Tower Hamlets Together (THT) developments, noting that work was underway to maintain the vanguard legacy when the monies cease at the end of the financial year. IH informed the Governing Body that an OD session would take place and review the Vanguard, QIPP and Better Care Fund programme to assess work taking place across Tower Hamlets and highlight areas where the CCG and partners can work collaboratively. IH noted that not all of these work areas would take place under THT but such a review should support more collaborative working. IH noted that the THT board are also discussing key areas of governance and board composition, with this work taking place at alternative board and OD sessions.

SE thanked IH for her work as part of THT. SH noted that the progress made by THT highlighted that an important component of the collaborative is the narrative of the health and social care system and describing this to multiple partner boards.

Somen Banerjee (SB, Governing Body Member, Director of Public Health, London Borough of Tower Hamlets) noted that the THT work will support the narrative of the health and social care system in Tower Hamlets and will help explain this narrative to other members of key boards.

IH thanked the CCG and its Governing Body, noting that currently Tower Hamlets CCG were key partners in the group and were very proactive in supporting new healthcare initiatives. IH noted that the development of Tower Hamlets Together indicated a large change in the way health services are commissioned but the possible large scale change which many are anticipating had resulted in uncertainty for many staff at both the CCG and its partners, and clarity regarding these changes would be key in future.

RQ noted that once the recruitment of a single AO takes place, it can signal to staff of many organisations that further, drastic change is imminent which can be unnerving for many staff in the system. RQ noted that the CCG are ensuring staff are well informed via a series of communications and 'water cooler' staff discussions, but the Governing Body should have sight of how this may affect others in many organisations. SE agreed, noting that strong leadership and communication will be key in the coming months.

The Governing Body **NOTED** the Tower Hamlets Together Progress update.

### **2.1 (b.) Waltham Forest and East London (WEL) Delivery System (DS): Developing a Delivery System Framework for WEL**

SH outlined the progress to date in moving towards a framework for the delivery system covering the footprint of the Waltham Forest and East London (WEL) group of commissioners and providers, in the context of a fast changing national and regional landscape. SH noted that the WEL footprint has been working closely with Transforming Services Together (TST) for some time, but recent developments of Accountable Care Systems (ACS) in borough systems had highlighted the need for commissioners to review borough system working within NHS Barts Health footprint.

SH noted that as part of the WEL system development, Governing Body members will be invited to several workshops in order to discuss the next steps. SH explained that the paper was keen to show direction of travel in the overall WEL context, noting that next steps include reviewing the programme of work, the governance and accountability arrangements and reviewing how this system might function in the future. SH noted that there is a likelihood that NHSE will provide funding for the ACS and the WEL CCGs may want to explore how the WEL layer is funded. SH noted that it was key to review how work across the WEL system would suit the local Tower Hamlets frameworks and way of working and explained that if all three boroughs in WEL are working in similar ways, this would alleviate the difference in commissioner negotiations that NHS Barts Health encounters.

IH noted that some may feel that the accountable care language used is unhelpful when garnering support from multiple sections of the health and social care sector as it comes with many connotations from different groups.

The Governing Body:

- **NOTED** the contents of this report and approved the direction of travel set out within;
- **APPROVED** the key features of the proposed framework for a WEL delivery system;
- **AGREED** to the programme of work which represents a staged approach to achieving the framework including reviewing governance and accountability arrangements of the WEL partnership;

And;

- **ENDORSED** in principle the resource requirements for the next phase of work.

### **2.1 (c.) New Shared Commissioning Arrangements for North East London – Single Accountable Officer**

SE presented the new shared commissioning arrangements for North East London, noting that NHS Tower Hamlets CCG Governing Body are being asked to approve recommendations for new commissioning arrangements across North East London, delivered through the

appointment of a single accountable officer and supporting governance arrangements. SE noted that these arrangements reflected changes in the context for commissioning and the very strong direction to building sustainable local accountable care systems. SE noted that the proposals are seen as a starting point that may evolve over time to reflect progress with the development and implementation of the local accountable care systems, inviting the CCG Governing Body Member to share their views.

Judith Littlejohns (JL, Governing Body Member, Mental Health Clinical Lead) noted that the Mental Health work takes place across a different footprint to WEL and, when discussing bed issues and crisis care, approaching these issues from an STP footprint perspective was better suited for progress as it would allow for colleagues from City and Hackney to be involved. JL highlighted that working on an STP level is helpful for this work stream but it was also integral to ensure that work is not duplicated at multiple levels.

Osman Bhatti (OB, Governing Body Member, Caldicott Guardian and IT GP Lead) noted that the proposals suited the recent developments in IT, stating that joint commissioning with a joint voice would make a difference in the implementation of IT work programmes. OB noted that working across the STP footprint would be positive as it would ensure that those involved in healthcare in North East London were not repeating work streams.

Linda Aldous (LA, Governing Body Member, Maternity Lead) noted that there is an established North East London Maternity System which pre-existed the latest transition and these developments are likely to support success in this area as the footprint used coincides with the STP footprint and would allow for joint review.

Archna Mathur (AM, Director of Performance and Quality) noted that there are pros and cons at commissioning at different levels and noted that approaching equity of service provision for the population across North East London ensures equity for Tower Hamlets patients. AM noted that having commissioning across the wider footprint allows WEL and NEL colleagues to share resources more efficiently and would help identify capacity in the acute system where some areas remain challenged. AM noted that the NHS Barts health system is a significant area of cost for the CCG and to have some mobility to influence this at a wider level is important. AM noted that some patient issues (such as safeguarding) are better approached at a borough level and having a focus here locally would be more helpful. AM noted that overall, the system will need to have some ability to flex and work would need to be done to pin down where maximum benefits can be gained for different areas.

SE noted that the cancer 62 day wait for Tower Hamlets is top in London and congratulated AM and her team for their work in this area. AM noted that BHRUT are also doing very well which puts the NEL STP footprint top in London for the 62 day wait, showing the benefits of the shared learning and a good example of where working at scale is very positive.

Victoria Tzortziou-Brown (VTB, Governing Body Member, and Principal Clinical Lead) noted that it is important to clarify what would be managed at commissioned at different levels, as different health provision suits management at different levels. VTB noted that there is a risk with structural reorganisation of diluting clinical engagement and leadership and the CCG should remain mindful of this.

SE agreed with the points made, noting that fluidity would be key as the overall system may want to make many changes at different levels. SE noted that some strategies are in place which has provided some clarity, and reiterated that fluidity in working would be integral.

Shah Ali (SA, Governing Body Member) noted that some acute work would be better managed at a WEL level, due to the distinct relationship between acute care and the Barts Health Footprint and NHS Barts Health-run hospitals. SA noted that the STP footprint would be

positive in encouraging shared learning, highlighting good work taking place at the Homerton hospital.

VP acknowledged the benefits of the proposal but noted some hesitancy around micro level delivery and the risk surrounding areas like workforce and the ability to use leanness of approaching GP practices and implementing real front line change for patients. VP voiced that the CCG should be cognizant that some changes could facilitate the loss of this flexibility and the local system will need stay lean and remain fast and responsive if healthcare elements are managed at an STP level.

SE noted VP's points and felt that this new way of working should help lessen the burden of some areas of work in order to ensure that the approach VP was referencing would continue.

Denise Radley (DR, Director of Adults Services, London Borough of Tower Hamlets) noted that the councils' view is to ensure local focus within this new system, noting that THT was key and needed to be maintained. DR noted that clarity is needed as to how the local level principles would be maintained in this future system, stating that the governance needs to be correct in order to achieve success and all NEL CCGs will need to consider Local Authority engagement. DR noted that the council have concerns that more levels of healthcare decision making will be made at STP level which could destabilise local system relationships and, with the possible risk of losing local leadership of the NHS, the Local Authority are keen to ensure that there will be an individual accountable locally and queried if this was the intention.

SE explained that there was the intention to have a leader accountable locally. SE noted that different CCGs have different relationships with their respective local authorities and the STP Lead will be exploring how to engage effectively with the Local Authorities.

Somen Banerjee (SM, Director of Public Health) noted that the wider STP footprint and population is very varied footprint with different health needs and population density. SB stated that inequalities do not follow borough boundaries and queried what this mean for the proposals, especially in context of the local priorities and the geography of inequalities.

SH agreed and noted that a key advantages of larger scale commissioning is what funding can be attract in by using this system, such as having specialist commissioning devolved to us which would be positive as quite a number of patients use this service. If it became the responsibility of NEL will help the overall process be less removed. SH noted that there is also the potential to get more transformational monies which would be unlikely to happen if the system did not work collaboratively although the CCG will continue to voice support for Tower Hamlets on a system level.

Maggie Buckell (MB, Governing Body Member, Registered Nurse Representative) noted that there would be benefits to an accountable system in NEL, particularly in the acute footprint in terms of spend. MB noted that there would be a need to focus on TH system and children services, and Tower Hamlets CCG would need to be conscious of work that is locally focused such as safeguarding.

IH noted that the scheme of delegation featured in the report and the work stream judgement criteria would need further discussion and consideration before agreement and asked if this could be reflected in the Governing Body OD work programme.

Justin Phillips (JP, Governance Manager) agreed and noted that the Governing Body could agree to aspects of the proposal with additional caveats such as working through the Scheme of Delegation before it returns for approval.

SE noted the consensus of the Governing Body to approve 1-3 of the proposed recommendations of the paper, noting that the Scheme of Delegation will need further development before full agreement. The Governing Body **APPROVED**:

1. The recommendation to appoint of a single accountable officer for the CCGs in North East London;
2. The recommendation that the single accountable officer will also act as the STP lead;
3. The recommendation to establish the governance arrangements, including the joint committee and committees in common at system level, to provide clear direction and support for the single accountable officer, including delegated functions.

The Governing Body **NOTED** (4) the scheme of delegation but requested for this to return at a later date when the single Accountable Officer had been appointed and the Scheme of Delegation had been further worked up.

## 2.2 Commissioning Intentions

RQ presented the commissioning intentions, noting that the CCG is due to issue their commissioning intention letters to a number of providers based on two year information and contract variation. RQ informed the Governing Body that work began in June with clinicians and leads of areas with input from THT colleagues to compose the letter and will be issued by the Acting Chief Officer to issue to the individual organisations.

The Governing Body **NOTED** the Commissioning Intention Update.

## 2.3 Better Care Fund 2017-19

SH presented the Better Care Fund paper (BCF), informing the Governing Body of the background of the programme which was designed by central government to improve and enhance integration between Local Authority and health care providers in order to improve various service areas such as hospital discharge and community health services which are tied to many targets for both groups. Following the Health and Well-Being Board and Tower Hamlets Together Board's consideration of the proposed Better Care Fund (BCF), the narrative and template were submitted to NHS England for assessment on the 11th September. It is anticipated that Better Care Fund resources channelled to the borough via the CCG - the so-called CCG 'minimum' - will be formally approved in early October, though plans may need to be resubmitted with further information if requested. Once approval of funding is given, the council and the CCG will be invited formally to adopt the BCF programme, which will be reflected in a legal agreement under section 75 of the NHS Act 2006 which is to be signed off by 30th November 2017.

SH noted that the CCG has a good working relationship with the Tower Hamlets Local Authority and have further developed this via the continued joint work between the two organisations. SH noted that the paper included reference to IPC initiatives, as well as reviewing the Care Act and how the CCG and Local Authority may wish to integrate further to improve health and social care in Tower Hamlets.

DR noted that dialogue surrounding delayed transfers is ongoing and is a sensitive issue due to the way that targets have been constructed nationally, noting that key Local Authority funding is tied into these targets.

The Governing Body **NOTED** the Better Care Fund narrative and template, which was submitted to NHS England on 11 September 2017.

## 3.0 Performance and Operations

### 3.1 Board Assurance Framework

Ellie Hobart (EH, Acting Director of Transformation) presented the BAF, noting the introductions of new risks regarding the implementation of the CHS and the reduction in risk severity in overspend for NHS Barts Health and Primary Care, explaining that this was due to new mitigations being put in place by the CCG and additional reserves being found. EH noted that the QIPP risk had been split into two in order to reflect in year management and forward looking management for next year.

MD asked if it was possible to include a summary sheet. IH noted it would be helpful to see date in the actions section in order to reflect if the action was delivered, what the time frame for action is and if the Governing Body need to have further sight of actions which are behind schedule.

The Governing Body **NOTED** the Board Assurance Framework.

### 3.2 Finance Report Month Four

Henry Black presented an update on the financial position for the CCG at Month 4 (July 2017) and a forecast for the year. HB noted that in month 4 the CCG is reporting a year to date surplus of £4.074m and forecasting a full year surplus of £12.221m, in line with the CCG's Financial Plan. However, commissioning reserves are required to offset pressures on contract activity, particularly in the acute sector and co-commissioning, in order to achieve the targeted position. At this stage in the year the Month 4 finance report is subject to a number of caveats regarding availability and accuracy of data and therefore should be read and interpreted in this context.

HB noted that the QIPP position is an area of concern and the CCG has extended its target by £4 million which remains outstanding. HB assured the Governing Body that this does not mean that the CCG is financially off plan, but it does limit the flexibility the CCG will have to cushion finances or fund additional investments.

HB explained that the overall NHS Barts Health position had improved which could be due to a number of factors including better demand management and more investment in the budget. HB noted that this also showed the QIPP programme was working. HB noted that the CCG will need to recognise that the cyber-attack affected NHS Barts Health revenue as the Trust needed to suspend activity, and in order to mitigate the effects of this, NHS Barts Health have a plan in place to catch up on work missed which could increase higher invoicing in future.

MD queried the confidence the CCG has in the data and if there was a risk of significant misstatement.

HB explained that there will be no misstatement as the flex and freeze dates mean the activity in the current position is the full amount the Trust can charge the CCG. HB explained that this results in issues for NHS Barts Health as they are not recovering from the income loss as expected and noted that a move away from payment by results could mitigate this in future.

AM noted that the cyber-attack will have an effect on Barts Health Data in RTT, Cancer and Diagnostics, noting that RTT had underlying data issues beforehand but the cyber-attack had created additional problems. AM noted that the CCG and Trust are working on trying to

disentangle what issues were caused by the cyber-attack and what issues were already in place.

HB stated that NHS Barts Health have made a submission to central NHSE resources to support capital programmes to correct and modernise the IT systems to improve security but noted that this application process is still ongoing.

OB noted that he had written to NHS Barts Health to outline the effects of the cyber-attack and the lessons learned but as of yet not had an answer. AM explained that there had been a hot and cold debrief conducted with Deloitte but noted that at present the write up had not been received. AM added that an additional exercise was taking place across the CCGs and CSUs with support from NHSE to pick up learning from the attack and once completed, the lessons learnt would be brought back to the Governing Body for review.

The Governing Body **NOTED** the Finance Update.

### 3.3 Performance and Quality

AM presented the Performance and Quality update, noting that the report covered data from May and June and highlighted the current key issues such as performance against National Constitution standards and actions taken by providers and Tower Hamlets CCG in managing the provider performance and quality portfolio for acute, community and mental healthcare in Tower Hamlets. AM noted that Continuing Healthcare performance against key indicators has been added to this report as a new requirement for Governing Body reporting from September 2017.

AM stated that cancer waiting times have been largely positive, noting that NHS Barts Health have been performing well despite the issues caused by the cyber-attack, but noted that the Trust continues to underperform against the national waiting time standards at speciality level and are currently not reporting on RTT. AM assured the Governing Body that the Performance Quality team are currently working with the Trust to ensure that plans are in place to return to reporting by the end of the calendar year along with a clearance of all 52 week waiters.

AM noted that, having been asked by NHS England, the CCG are poised to have a system in place that identifies capacity in specialities across the wider acute system in order to help alleviate challenged areas and manage patient flow more effectively. AM explained that this system will be in place for 12 weeks whilst a reduction in the challenged area waiting times can be achieved.

AM noted that Diagnostics has not met its standard which is unusual and CCG are working with the site operational leads to develop recovery trajectories for return to compliance in all challenged modalities.

AM noted that work has begun with partners on winter planning, emphasising that this will be key over the coming months in order to ensure A&E performance during the increase in demand and pressure that occurs throughout the seasonal period. AM noted that the Royal London site delivered 87.10% against a trajectory of 88.28% (-1.18%), which is positive but is a challenged position and remains fragile. AM noted that THCCG and partners will be working to firm up escalation plans and what the system can do to respond to issues being experienced as part of A&E.

AM noted that the Performance and Quality team remain focused on never events in CQRM and are working to have sight of significant learning in this area and reviewing the never event action plans. AM reported to the Governing Body that a never event of a wrong implant (prosthesis) was recorded at Whipps Cross and that it would be key in the coming weeks to

ensure that learning is embedded at other hospitals. AM noted that the reporting from NHS Barts Health was indicative of transparent reporting which was positive.

AM noted that there have been good news stories, namely that NHS Barts Health have reported a month of no mixed sex accommodations breaches and RLH has recorded no instances of MRSA which is a testament to the infection control team's hard work. AM informed the Governing Body that the CHC report included is now mandatory and includes percentages of DTS that were undertaken outside of hospital and percentage of referrals completed in 28 days. Whilst the CCG did not reach the target, current performance is not as fragile as in neighbouring boroughs.

IH queried if information regarding service alerts could be included in future reports and DR queried if information for admissions could also be included.

- Action: **Sept17#4 - SE to write to the NHS Barts Health Trust Board regarding the recent good work of the Trust.**

The Governing Body **NOTED** the Performance and Quality report.

## 5.0 Public Questions

(a.) Councillor Rabina Khan (RK, Independent Councillor, Tower Hamlets), visited the Governing Body meeting accompanied with families and parents who use the local John Smiths Children Centre and the Bangladeshi Parents Advisory Service. RK explained that she had been advocating for the families and parents and would be translating on behalf of some of the parents, who wished to ask the CCG questions relating to the service and recent changes which had affected these services.

RK translated on behalf of 'A', a parent in the group. RK noted that A was upset due to an incident which had occurred with her son where she felt that the social workers had let her and her son down. RK noted that A felt that if the Parent Advisory Group was still functioning as before, it is unlikely this would have occurred. This has resulted in the son remaining off school.

RK thanked Ellie Hobart (Acting Director of Transformation) for her help in attending in the meeting. RK noted that the parents previously visited the Governing Body on the 10th May 2017, where a number of parents raised concerns.

RK queried who would be held responsible if there was a risk to health as a result of the change to the service and how does the CCG intend to address the issues that the change in service has resulted in, taking into account the unique role for children and adult reports and Bangladeshi families whose first language who is not English.

Judith Littlejohns (GP, Mental Health and Learning Disability Clinical Lead and Network 1 Representative) outlined the history of the service, noting that the service began in 1985 and the context for people with learning disabilities in Tower Hamlets has changed over this period of time. JL explained that when the service transferred from NHS Barts Health to ELFT, the new provider evaluated the service and felt it was not meeting the need of the Tower Hamlets Population as a whole. JL noted that it was a fantastic service who those that received it but was only being accessed by 10% of the population that the service needs to reach. JL noted that it had been reviewed to meet the needs of local people and therefore was adjusted in 2014 to be a service open to all rather than a specific group. However, despite this change the service continued to have access issues for people with learning disabilities.

JL noted that the consultation had continued after the Governing Body May meeting and JL apologised that the CCG had not been in direct contact since this time. JL noted that EH was in the process of organising a meeting with the CCG, ELFT and the parents affected to discuss this issue. JL assured the parents that the CCG are in regular contact with ELFT who had reported that they had met several times with the parents and written to offer individual assessments to those who used the service. JL noted that the resulting service was hoped to offer service users a personalised plan rather than a one size fits all service. ELFT are currently working to assess all service users and issue such plans.

RK felt that Edwin Ndlovu (Borough Director for Tower Hamlets, East London Foundation Trust) had not been in contact with families and the parents feel the CCG should have replied. RK felt that the points are contradictory, noting that if the service was good but did not meet the population's needs, why was the service changed drastically. RK felt that if the service delivery was wrong, this should have been the area of change and noted that the consultation was not meaningful and did not take in the concerns of families, particularly worries regarding interaction with social workers. RK noted many of the main care givers are female and do not want to discuss medical concerns with a male psychologist. RK reiterated that the parents want the service to be culturally sensitive, and currently the individualised service plans are not working.

Parent B queried how the CCG became aware the service was not working and which group of service users were consulted as they felt that this had not been reported from people who used the service.

JL explained that the service in its previous form was only reaching 10% of population it needed to reach, leaving 90% unaccounted for in service provision. This was the key underlying reason for service re-design. JL noted that the CCG have taken into account that there has been a lack of response from the provider and assured the parents group that the CCG will work with ELFT and the local authority to ensure that this problem is remedied. JL noted that one support worker post has yet to be filled which could be exasperating the issues reported and hoped that once this post has been filled that there will be a faster response time.

RK felt that it was not the service users' fault that the service only reached 10% of the populations needs and informed the CCG that the parents would be considering forwarding the issue for juridical review.

Denise Radley (DR, Director of Adults Services – Tower Hamlets Local Authority, CCG Governing Body Member) noted that the service in question was a joint service with input from the Local Authority. DR apologised to the parents group for the trouble they have had since the service redesign and informed them that she would pick this up with the teams involved. DR noted that there is an opportunity to look at how services are designed, the impact of access issues and what support is needed across the communities in Tower Hamlets. DR also informed the parents that she would provide support if there are any safeguarding issues that need to be raised.

RK noted that transformation of services opens up risks to many individuals in Tower Hamlets and asked the Governing Body if they have any relatives with learning disabilities.

Sam Everington (Chair, THCCG) informed RK that he had a niece with a learning disability and noted that he has been very clear in his chairing of the CCG that more needs to be done for people with disabilities in health and social care. SE noted that the learning disability strategy had been presented to the THCCG Governing Body at an Organisational Development session, which was met with very positively from both the CCG Governing Body members and the service users who presented their strategy. SE stressed that the next steps



would be the meeting between ELFT, THCCG representatives and representatives from the Local Authority to have a detailed discussion regarding concerns.

- **Action: Sept17#5 - EH to meeting between ELFT, THCCG representatives and representatives from the Local Authority to have a detailed discussion regarding concerns.**

(b.) A member of the public queried if the Barts suffered IT attack before the cyber-attack.

HB answered that NHS Barts Health did suffer an IT malfunction before the cyber-attack but as HB was aware there was no direct link. HB noted that the member of the public may wish to contact NHS Barts Health directly for an in-depth analysis of the issue or he would could investigate offline and report back to the member of the public.

- **Action: Sept17#6 - HB to contact NHS Barts Health regarding IT malfunction and report to member of the public.**

**End**

Action ref	Action required	Lead	Due Date	Outcome/Update	Status
10May17 #1	Ellie Hobart to engage with Local authority and partnership organisation regarding communications for cost pressures and STP developments.	EH	Sept 2017	In progress.	
10May17 #2	SH and Judith Littlejohns to review the issues relating to the John Smith's Children's Centre and the Bangladeshi Parents Advisory Service as raised in the May 2017 Governing Body.	SH/MB	Sept 2017	Completed.	
10July17 #3	Plain English outline of landscape changes and financial pressures to be developed for sharing across partners and GP membership.	EH	Nov 2017	In progress.	
26Sept17#1	Edit sentence on page 13 to ensure clarity.	SBe	Nov 2017	Completed.	
26Sept17#2	Send the Member's story video to Steve Field, Virginia Patania and other colleagues in Primary Care.	JP & SBe	Nov 2017	Completed.	
26Sept17#3	Write letter of congratulations with a gift to the Harford Health Centre practice and its staff.	SH & SE	Nov 2017	In Progress.	
26Sept17#4	SE to write to the NHS Barts Health Trust Board regarding the recent good work of the Trust.	SE	Nov 2017	In progress.	

26Sept17#5	EH to meeting between ELFT, THCCG representatives and representatives from the Local Authority to have a detailed discussion regarding concerns from the Bangladeshi Parents Advisory Service.	EH	Nov 2017	Completed.	
26Sept17#6	HB to contact NHS Barts Health regarding IT malfunction and its relation to the cyber attack and report back to member of the public.	HB	Nov 2017	In progress.	