NHS
Tower Hamlets
Clinical Commissioning Group

# Minutes of the NHS Tower Hamlets Clinical Commissioning Group Governing Body Meeting

## 7 May 2013, 1430 to 1700

## Room 5a and 5b, Education Centre, Mile End Hospital

## 1 General Business

### 1.1 Present

| Name | Role | Organisation |
|---|---|---|
| Dr Sam Everington | Chair – LAP 6 representative – Bromley By Bow Practice | NHS THCCG |
| Dr Judith Littlejohns | LAP 1 representative – The Mission Practice | NHS THCCG |
| Dr Haroon Rashid | LAP 2 representative – Albion Practice | NHS THCCG |
| Dr Shatab Chowdhury | LAP 3 representative – Harford Street Health Centre | NHS THCCG |
| Dr Nicola Hagdrup | LAP 4 representative – Jubilee Street Practice | NHS THCCG |
| Dr Isabel Hodkinson | LAP 5 representative - Principal Clinical Lead | NHS THCCG |
| Dr Victoria Tzortziou Brown | LAP 7 representative | NHS THCCG |
| Dr Stuart Bingham | LAP 8 representative – Principal Clinical Lead – Barkantine Practice | NHS THCCG |
| Dr Hannah Falvey | Allied Health Professional representative | NHS TH CCG |
| Katherine Gerrans | Practice Nurse representative | NHS TH CCG |
| Maggie Buckell | Registered Nurse | NHS TH CCG |
| Dr Tan Vandal | Secondary Care Specialist Doctor | NHS TH CCG |
| Virginia Patania | Practice Manager representative | NHS TH CCG |
| Jane Milligan | Chief Officer | NHS TH CCG |
| John Wardell | Deputy Chief Officer | NHS TH CCG |
| Henry Black | Chief Finance Officer | NHS TH CCG |
| Ross Dunworth (for items 1 to 2.4) | Interim Chief Finance Officer | NHS TH CCG |
| Catherine Boyle | Vice Chair - Lay Member (PPE) | NHS TH CCG |
| Mariette Davis | Lay Member (Governance and Audit) | NHS TH CCG |
| Dr Somen Banerjee | Interim Director of Public Health | LBTH |
| Charlotte Fry | Commissioning Support Director | NEL CSU |
| Huw Wilson Jones | Associate Director Contracting | NEL CSU |

### 1.2 In attendance

| Name | Role | Organisation |
|---|---|---|
| Alison Hopkins (for item 1.8) | Chief Executive | Accelerate CIC |
| Archna Mathur | Deputy Director Strategy and Planning | NHS TH CCG |
| Ellie Hobart | Head of Engagement | NHS TH CCG |
| Josh Potter (for item 3.2) | Head of Transformation and Integration | NHS TH CCG |
| Nicola Weaver | Engagement Manager | NHS TH CCG |
| Paul Balson | Governance and Risk Manager (minutes) | NHS TH CCG |

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|---|---|---|
| Radha Gurung | Administrator | NHS TH CCG |

### 1.3 Apologies

| Name | Role | Organisation |
|---|---|---|
| Deborah Cohen | Service Head Commissioning and Strategy | LBTH |

### 1.4 Introductions

The Chair led a round of introductions which covered members of the Governing Body and those in attendance. The colour scheme of the nameplates for Governing Body members and attendees was explained to the public.

Members of the public were also invited to introduce themselves.

Henry Black – Chief Finance Officer was welcomed to the Clinical Commissioning Group (CCG). Ross Dunworth – Interim Chief Finance Officer was thanked for his contribution to the CCG.

### 1.5 Declarations of Interest

There were no further declarations of interest from members or attendees to those held on the register of interests.

The complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website (http://www.towerhamletsccg.nhs.uk/About-us/conflict-of-interest-register.htm) or is available upon request from the Governance and Risk Manager (Paul.Balson@towerhamletsccg.nhs.uk).

### 1.6 Chair's report

The Chair's report contained the following headlines

#### 1.6.1 Francis Report

The Governing Body were informed of the Governments response to the Francis report including: put in place a culture of zero-harm and compassionate care, detecting problems quickly, accountability for wrongdoers, leadership and motivation of NHS and social care staff.

#### 1.6.2 Measles update

The Governing Body were given an update on the rise in measles cases in the first three months of 2013. The Department of Health has written to practices emphasising that it is vitally important that as many children as possible are protected against measles by receiving both doses of MMR. Meanwhile, plans are afoot for a catch-up campaign, which Local Area teams will develop to enable tailored, targeted catch-up for individuals not adequately protected against measles, mumps and rubella.

#### 1.6.3 Remuneration Committee activity summary

Members was held and the salaries for Chief Officer and Chief Finance Officer were agreed in line with national recommendations.

1.6.4 Local news round up from April 2013 issues of 'In Brief'

A summary of the 'In Brief' newsletter was presented with the following headlines:

- Accelerate CIC received a national award for clinical expertise and delivery of excellent outcomes.
- Compass Wellbeing received approval from NHS London to become a social enterprise in Tower Hamlets.
- The Journal of Nursing Education and Practice recently published an original piece of research evaluating the 'Open Doors' training programme. Show which shows excellent outcomes.
- Jon Rouse, Director General for Social Care, Local Government and Care Partnerships at the Department of Health visited Tower Hamlets Dementia Services and praised the high level of partnership working and excellent service user involvement in dementia services.
- The CCG are committed to increasing the take-up of Annual Health Checks
- Dates are now confirmed for CCG staff to go on Commissioning Development Training Level 1.
- Foot Health services have been through a period of great transition recently and have now returned to permanent premises as of Monday 15 April.

Governing Body members **noted** the report.

## 1.7 Chief Officers report

The Chief Officer's report contained the following headlines

1.7.1 Winterbourne View

In line with the *Winterbourne View Review Concordat: Programme of Action (DH 2012)*, the CCG has received a register of people with a learning disability who are funded by the NHS. The CCG has put in place arrangements with NELCSU to receive the register on a monthly basis, to ensure future proactive management. The CCG is required to have reviewed all people with learning disabilities in inpatient beds by 31 May 2013 and to have developed a personal care plan with agreed outcomes with a view to provide, wherever possible, alternative community based care arrangements.

1.7.2 CCG assurance

Post authorisation, the CCG is subject to an on-going "assurance" process from NHS England. The assurance process is currently London wide, but a national assurance programme will soon be rolled out. There are no details at present.

1.7.3 Update on the NHS 111 phone number project

Jane Milligan added a verbal update to the Chief Officer's report contained within the papers. Members were informed that although nationally the new NHS 111 phone number had received a significant amount of negative media coverage; the service provided to Tower Hamlets by NHS Direct was good. It was also reported to have been successful over the bank holiday. The next phase of the strategy will be implemented in October 2013. This

involves working with local out of hours service providers to ascertain how much work can be shared between them.

Governing Body members **noted** the report.

### 1.8 Patient story

Catherine Boyle gave a brief introduction to the 'Patient Story' item which would be a short video of real patients sharing their experiences of healthcare. It was noted that it was important that service developers hear and consider the patient voice in its decision making processes. The 'Patient Story' item will be a standing item at all Governing Body meetings in public. Some of the stories will relate to services that need to be improved, others will celebrate good services. Catherine Boyle then introduced Alison Hopkins to members.

Alison Hopkins - Chief Executive at Accelerate CIC, a wound and Lympoedema care service introduced herself and gave a brief overview of the service. Accelerate CIC is a not for profit organisation established as social enterprise in 2011 in partnership with Barts Health NHS Trust and Community Health Service (CHS) and local General Practitioners. Prior to 2011, the service was the Tower Hamlets PCT wound and lympoedema care service since 1995. The service brings all of the necessary specialists into one service.

Alison Hopkins informed members that the benefits of using patient stories was that interviews are more reflective and in-depth than a survey or feedback form. This ensures:

- that Governing Body members better understand what it is to have a wound,
- better communications of what patients would like to say to Governing Body members, and
- clarity on service changes patients would like the Governing Body to make.

The 'Patient Story' video was presented to members. It presented a précis of interviews with five leg ulcer patients. The key points raised and the key themes for learning included:

- Patients would like a 'Patient Group' with whom they can share advice and guidance; this could take the form of a notice board or a suggestions box. This would improve the service's role important role as educators and assist the delivery of a consistent and effective service.
- Patients felt that Doctors need to listen to the patients more, patients know their bodies it is important that physicians give patients what they need.
- Patients identified a lack of service consistency is an issue; this although it can be seen as unavoidable, commissioners and providers need to be mindful of this and design pathways that are more joined up and less inefficient.
- One patient described the care he received as "marvellous" and felt lucky and grateful to be living in Tower Hamlets.

Catherine Boyle summarised by informing members that the most important aspect of the 'Patient Story' is to demonstrate that the Governing Body is listening. The Chair asked if any members had further questions for Alison Hopkins or Catherine Boyle.

Dr Isabel Hodkinson asked if the service's admin team were included in obtaining feedback. Alison informed members that administrative staff were involved adding that many patients develop a friendly familiarity with some of the admin staff adding value to the service.

John Wardell asked how the 'Patient Story' contributed to improving the quality of services. Alison Hopkins informed members that the patient story provided insight into what it is like for patients to have a wound which helps move staff from being fixated with current service provision; to understanding what little changes are required to greatly improve the patient experience and clinical delivery.

Mariette Davis asked if there had been any major differences to the service since becoming a social enterprise. Alison Hopkins informed members that the change has allowed the service to become more responsive to staff and patient needs. I.e. purchasing better bariatric couches.

Dr Tan Vandal asked if it was possible to share the learning from the patient stories to all healthcare providers in Tower Hamlets. Alison Hopkins informed members that the patients did agree to sharing their stories, but they will need to be asked if they are happy for it to be shared online.

Catherine Boyle informed members that there was approximately 2 hours of patient footage containing many more points of learning not directly linked to the service. Members requested that these are summarised for the Governing Body.

- **Action: Catherine Boyle and Alison Hopkins to conduct a full evaluation of the lessons to be learned from the patient stories and create a final report for the senior management team and CHS programme board.**

### 1.9 Minutes and matters arising of the meeting held on 2 April 2013

Catherine Boyle requested a correction to the minutes, under item **1.5 Conflicts of Interests** the following is recorded:

- Catherine Boyle informed members that she has a part time role in campaigning with Macmillan Cancer Support.

This is to be changed to:

- Catherine Boyle informed members that she has a role in Strategic research and advice with Macmillan Cancer Support.

The minutes were otherwise approved as an accurate record of members. It was noted that there were no outstanding matters arising.

- **Action: Paul Balson to make the amendment to Catherine Boyle's role in the April Governing Body minutes and register of interests.**

## 2 Performance and operations

### 2.1 Finance and Activity report

Huw Wilson-Jones presented the report. The following issues were raised in discussion

- The month 12 financial position is a healthy “green”, despite three areas of adverse movement:
    - A reduction in the total Drug Action Team (DAT) expenditure for the year
    - A reduction on the final end of care contracts, and
    - Final reconciliation of QIPP over achievement
- There was one area of deterioration financial outturn position due to an increase in the out of area sector trust activity and non-contractual activity.

Huw Wilson-Jones provided an update on the key areas of activity:

#### 2.1.1 Barts Health NHS Trust

The Urgent Care Centre is paid for through Community Health Service contracts but patients are still being coded as A&E attendances.

The respiratory working group is looking at chronic obstructive pulmonary disease (COPD) and respiratory illness; the group is encountering difficulties in tracking patients through the care pathways due to incomplete or inaccurate coding.

Maternity services are unable to see if births are up or down, also due to uncoded activity.

Funding was previously allocated to reduce the backlog of activity. The CCG will ensure this is not paid for twice.

It was reported that an action plan for reducing the waiting times for access to physiotherapy was received. Dr Shah Chowdhury informed members that he had previously met with the new manager - Phillipa Knight using patient forums and groups as an adjunct to the usual mechanisms. The Physiotherapy action plan would be disseminated to the locality boards.

- **Action: Huw Wilson-Jones to forward the physiotherapy action plan to the locality boards.**

### 2.2 Contracts update (item 2.4 on the agenda)

Huw Wilson-Jones provided an update on the key areas of contract negotiation:

#### 2.2.1 Barts Health NHS Trust

The Heads of Terms were agreed in the previous week, the key change to the contract was that last year there was a risk share agreement that ensured neither the commissioner or contractor would be subject to financial penalties. This year Barts Health NHS Trust are

moving forward with a payment by results (PbR) contract. The contract is expected to be signed in the next 2 months. The expected areas of challenge moving forward will be areas of poor coding and double payment and the risks associated with high demand for services.

2.2.2 East London NHS Foundation Trust

An agreement is in place, the CCG is waiting on the Heads of Terms.

The Chair asked if any members had further questions for Huw Wilson-Jones.

Dr Tan Vandal asked if PbR offered a better opportunity for the CCG to monitor activity. Huw Wilson-Jones said the PbR does offer a better opportunity for tracking activity and thus better informing the integrated care programme. This is dependent on the Trust improving their coding.

Virginia Patania asked how they will fast track the coding process, will there be leeway and how does this translate to budgets for specific programme areas. Huw Wilson-Jones informed members that agreeing the coding for urgent care will be an evolutionary process and that timescales need to be agreed to ensure this is completed correctly. With regards to general coding, members were informed that correctly coding activity was in the interest of the provider, as without it they face the risk of not being able to defend any challenges from the CCG on coding practice.

Jane Milligan informed members that over the next 2 months the CCG will ascertain which programmes need a focus, noting that planned care will need support; specifically on consultant to consultant referrals and new to follow up.

Dr Victoria Tzortziou Brown stated the importance of good information to creating a more streamlined and healthier care pathway for patients with fewer appointments and tests; leading to an improved patient experience.

Dr Shah Chowdhury informed members that he felt some anxiety regarding payment by results, especially after speaking to some of the coders; he asked there was any assurance on the challenge mechanisms. He also enquired how much transitional funding had been allocated to Barts Health NHS Trust. Huw Wilson-Jones informed members that the Commissioning Support Unit utilise a challenge process on behalf of the CCG. This process will be communicated to CCGs in due course. The challenge process is dependent on the information supporting it. This information is obtained from the Health Informatics team and GPs.

Jane Milligan informed members that the CCG made an impact throughout the previous year on underlying activity and implementing demand management schemes and ended the year on budget. This is a strong indicator that the CCG can manage future activity and maintain service quality.

The transitional funding for Barts Health NHS Trust was contributed to from the Cluster of Primary Care Trusts, NHS City and Hackney CCG, NHS Newham CCG, NHS Tower Hamlets CCG and NHS Waltham Forest CCG (known collectively as the WELC CCGs), the old Strategic Health Authority and NHS England. The merger business case requested transition funding over a 3 year period for development purposes. The CCGs contribution to

this was £10m in 2012/13 and £3m in 2013/14. The CCG will now retain this money and reinvest it into contract discussions.

Dr Haroon Rashid asked whether the decision to use PbR was a local or national decision and whether or not it would create budget pressures. Huw Wilson-Jones informed members that risk share agreements are only permitted during times of transition; otherwise it is a national directive that PbR is used. As Barts Health NHS Trust is no longer in transition they are subject to this national directive. With regards to budget pressures members was informed that PbR could create budget pressures in both commissioner and provider organisations adding that the key control measure to this risk is obtaining accurate coding data and ensuring that patients are appropriately referred.

Dr Isabel Hodkinson expressed concern regarding the correct coding of activity by Healthcare Resource Groups (HRGs) by Bartshealth, and the risk of the CCG being charged for specialist commissioning activity utilised by NHS England Dr Hodkinson enquired if there was certainty over what was being sent to NHSE. Huw Wilson-Jones, Ross Dunworth and Henry Black advised members that there is a high degree of scrutiny applied to Barts Health activity by the CSU claims team and any incorrect coding will be picked up and challenged on a monthly basis. However, there remains a risk which will be monitored closely.

Dr Hannah Falvey asked how programme boards should present information when there is a potential challenge. Huw Wilson-Jones advised members that in the event of this, he or a member of his team should contacted in the first instance.

Mariette Davis stated that acute over performance has been a long term risk, even to Primary Care Trusts; and asked if an option existed to withhold payment. Huw Wilson-Jones informed members that there is a strict protocol built into the contracts allowing the commissioning organisation to hold back 1-2% of the contract value. However, he added that the process is not quick and noted that activity and payments would be agreed monthly mitigating the need for initiating the protocol.

Jane Milligan provided a summary of discussions and proposed next steps:

- **Action: CSU to prepare a 2012/13 finance and activity report to review last year's performance. This will go to the Finance, Performance and Quality Committee as well as the Programme Boards.**

- The Finance, Performance and Quality Committee, as well as the specific programme boards would conduct a 2013/14 finance look back.
- The Barts Health London NHS Trust contract will be finalised by the end of June. The contract will contain penalties and levels of control to reduce the likelihood overspend and activity over performance.

The Chair thanked Huw Wilson-Jones on behalf of NHS Tower Hamlets CCG and the Chairs of NHS Newham CCG and NHS Waltham Forest CCG for his and the team's support to the contracting process to date.

### 2.3 Finance month 12 report

Henry Black asked if there were any further questions on the detailed finance report. There were none.

## 2.4 Financial plan and budget update 2013/14

Henry Black presented the item. This report was an update to the report which had previously been discussed at the April meeting of the Governing Body and the last Finance, Performance and Quality Committee.

The draft plan delivers a 2% non-recurrent head room; this is inclusive of 0.5% contingency and a 1% surplus.

Members was informed that the strategic financial aim of the CCG is to ensure financial stability during a period of organisational transition over the next two years .Consequently the CCG plans to deliver a 2% Surplus in 2013/14 whilst at the same time investing significantly in service change through the Integrated Care Programme in North East London. To achieve the planned surplus target of £6.5m the CCG is implementing a challenging QIPP that aims to deliver recurrent expenditure savings of £12.1m.

The plan includes a £9.2m resource limit reduction relating to specialist services allocation in London. A technical group will be looking at this in more detail. The plan assumes that the CCG will regain this allocation as a result of NHS England's analysis of actual provider activity and costs compared to CCG allocations in 2013/14. However, the mechanism and process to do this is not yet clear although the NHS England maintain that it will be 'cost neutral' to CCGs.

The report contained the overall budget for the next financial year. A budget of £339m split along commissioning budgets.

The Chair asked if any members had further questions for Henry Black.

Dr Tan Vandal asked if the specialist commissioning allocation was calculated using provider data or the CCG budget. Henry Black informed members that the allocation deduction was calculated on the weighted capitation formula so was effectively applied as a pro-rata against resource limit, not activity. An exercise to quality check the data is on-going which is expected to result in a correcting re-allocation.

Dr Judith Littlejohns asked whether Improving Access to Psychological Therapies (IAPT) was under Community Health Services. Henry Black informed members that there was no change to where it sits within commissioning budgets as a result of the change of contractual status to a social enterprise

Dr Isabel Hodkinson asked what aspects of primary care go to NHS England and asked what does primary care cover? Henry Black informed members that this largely covered prescribing. Dr Isabel Hodkinson also noted that references to "APMS" on the documents needed to be changed.

Jane Milligan informed members Dr Sam Everington had written to Simon Weldon - Regional Director of NHS Operations and Delivery to express concern on the issue of the specialised commissioning adjustment. Jane Milligan informed members that she would follow up on the letter.

Mariette Davis enquired if the report was presented to the Governing Body for noting or approval. Ross Dunworth informed her that it was presented to the Governing Body meeting for noting.

Henry Black added that the report contained in the papers was written before NHS England directed that the £9.2m should be a reduction to both resource limit and planned expenditure, which means that both are currently over-stated. The final report will show a cost neutral bottom line.

- **Action: Henry Black to amend the Financial plan and budget update 2013/14**

### 2.5 Performance and quality

Charlotte Fry presented the item. The following highlights were reported:

There are 2 main issues with performance at Barts Health NHS Trust; A&E and Cancer 62 day wait.

Barts Health NHS Trust met the A&E all types performance standards for 2012/13 but failed type 1. A detailed action plan will be analysed by the urgent care programme board with input from the National Trust Development Authority (NTDA).

In relation to the Cancer 62 day wait, the number of patients breaching the target has been reduced from 170 down to 34. An action plan has been implemented and reviewed by the Commissioning Support Unit and Cancer Clinical Leads on behalf of the WELC CCGs. It was reported that future breaches of the target will be treated as a serious incident.

John Wardell asked what progress had been made on the serious incidents that he CCG had "inherited" from NHS England to date. Charlotte Fry and Archna Mathur informed members that 82 incidents has been handed over. An overarching action plan had been created for the outstanding serious incidents Progress with reducing the number of outstanding SIs would be monitored through the Clinical Quality Review Meetings (CQRMs).

It was noted that Physiotherapy had already been discussed.

Catherine Boyle noted that the improvement on the cancer 62 day wait was good and asked if there was any assurance Barts Health NHS Trust had communicated with the patients who had breached the target. Charlotte Fry informed Catherine that the individual care reviews ensured that individual patients breaching the target were communicated with.

Dr Tan Vandal queried the cancer group relating to 62 day cancer breaches in urology at Queen's Hospital as they do not participate in robotic pathways.

- **Action: Charlotte Fry to check the performance data regarding urology cancer at Queen Hospital.**

Dr Isabel Hodkinson stated that work to progress choose and book is delivered through the planned care workstream and also the Information Technology (IT) sub-group but questioned who had oversight and lead to ensure traction. Charlotte Fry advised that NHS England is working with practices on choose and book.

- **Action: Charlotte Fry to obtain name of NHS England lead for choose and book.**

Dr Stuart Bingham reported that member practices complain about the difficulty in obtaining outpatient appointments and enquired if there was any ways of influencing change. Huw Wilson Jones informed members that the Barts Health NHS Trust Outpatient Department Board should be communicating with GPs on this issue. Dr Shah Chowdhury informed members that Abigail Jago - Deputy Operations Director at Barts Health NHS Trust was the individual to be contacted regarding issues with outpatient appointments.

Virginia Patania added that she had met with Abigail Jago on the issue of choose and book and suggested that using "Service alerts" was a valuable tool. Virginia encouraged all Governing Body members to report all possible issues using the service alerts process.

Dr Hannah Falvey stated a query from the Children and Young People's Board relating to health visiting and how the agenda can be inflicted when health visiting transfers ti the local authority.

Maggie Buckell enquired whether the health visiting issues related to could be attributed to issues around recruitment or quality. Huw Wilson-Jones advised members that the problems are linked to recruitment , with a high rate of agency staff impacting on quality.

Dr Somen Banerjee also enquired as to the next steps with health visitors. Huw Wilson-Jones a members that he will provide an update to the next Governing Body meeting as there is a lack of clarity regarding the commissioning arrangements for health visiting.

- **Action: Huw Wilson-Jones to provide an in-depth report on the impact that the transfer of services to NHS England had on Barts Health NHS Trust.**

Jane Milligan summarised the actions:

- **Action: Charlotte Fry to provide an overview on the choose and book implementation from NHS England.**

- **Action: Huw Wilson-Jones to provide an update on the performance aspects of health visiting to the Finance, Performance and Quality improvement board.**

- **Action: Lisa Hollins and Abigail Jago will be invited to the attend the July meeting regarding outpatient department performance and development plans.**

- **Additional work will be carried out on service alerts to ensure that they inform the contracting negotiations.**

The Chair called for a break.

**Break**

# 3 Commissioning and Strategy

## 3.1 Joint Strategic Needs Assessment (JSNA)

Dr Somen Banerjee presented the JSNA which lays down the foundation for informing the priorities the Health and Wellbeing Strategy and the CCG commissioning. The highliught findings of the JSNA include:

- Life expectancy remains lower than rest of country but continues to improve:
- Male life expectancy 76 years compared to 78.3 years nationally
- Female life expectancy 80.9 years compared to 82.3 years nationally
- Life expectancy gap between least and most deprived deprivation is 12 years in males and 5.4 in females
- Using the WHO definition of health 'Health is a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

The 5 main considerations arising from the JSNA were:

- The CCGs service planning must incorporate the impact of the economic climate and the welfare reforms on the health of the most vulnerable into
- An accurate JSNA informs an accurate Health and Wellbeing Strategy which a strong HWBB can oversee.
- Sustaining the momentum and vision of improvements over the past years (particularly in primary care) and ensuring NHS England and Public Health England plans are aligned with local strategies
- Continue the drive to integrate services across primary and secondary health care services and with council services
- Continue the drive to systematically involve the community in shaping place and services

The Chair asked if any members had further questions for Dr Somen Banerjee. There were no questions.

## 3.2 Prospectus

Josh Potter presented the Prospectus which outlined the CCGs plans for this year and moving forward. The prospectus outlines how the CCG plans in response to:

- Local priorities as outlined in the Joint Strategic Needs Assessment
- Quality and performance issues within CCG services
- The financial position
- Government requirements of CCGs, including delivery of the NHS Outcomes Framework.
- The Tower Hamlets Health and Wellbeing Strategy

The final copy of the prospectus will be published by the end of May. The Chair asked if any members had further questions for Josh Potter.

Mariette Davis queried where the financial breakdown of the workstream was. Josh Potter and Henry Black informed Mariette that this information is contained within the operating plan.

### 3.3 Maternity Programme Board

Dr Judith Littlejohns gave an overview of the work of the maternity programme board. Highlights of the overview included:

- An 'alongside midwifery unit' will be provided in December 2013, not July 2013 as stated in the report.
- The challenges for the service are patients with diabetes and who are obese.
- Patient experience levels are low on the Barts and the London NHS Trust service.
- The programme board would like to establish a "Tongue Tie Service" at the Royal London Hospital as the other London options are unsuitable, and a telephone-based Midwife Triage Service.
- The 2013/14 outcome measures for maternity services were presented to members

The Chair asked if any members had further questions for Dr Judith Littlejohns.

Dr Shatab Chowdhury noted that in his locality when the midwifery manager went on leave the system collapsed adding that the patient and practice can be inconsistent and discontinuous. Dr Judith Littlejohns responded by informing members that recruitment and retention of staff has been an issue and that challenging providers on lengthy recruitment times is a target of the programme board.

Dr Haroon Rashid enquired as to how GPs can feedback on Maternity Services Liaison Committee and how the CCG can monitor that Barts Health NHS Trust are taking adequate actions on this. Dr Judith Littlejohns informed members that monthly quality meetings are held. These meetings are formally minuted and all actions plans are followed up.

Dr Somen Banerjee enquired if smoking in pregnancy formed an important part of the maternity plans. Dr Judith Littlejohns informed members that although the programme was aware of the issue, it was not a priority area identified at the present.

Dr Isabel Hodkinson enquired whether or not midwifery is now on tariff. Dr Judith Littlejohns informed members that all maternity care is subject to tariff but didn't have any data from Barts Health NHS Trust due the coding issues.

Dr Isabel Hodkinson queried what happens when some of her patients go to the Homerton Hospital for treatment; does the CCG pay twice for the same care? Dr Judith Littlejohns informed members that only one trust receives payment for the service.

Jane Milligan requested that a maternity dashboard is created and it is reported to the Transformation and Innovation Committee.

Jane Milligan summarised the action as:

- **Action: Maternity specific CQUIN to be investigated for 2014/15 and reported to the Transformation and Innovation Committee.**

## 4 For information

### 4.1 Transformation and Innovation committee activity summary

Maggie Buckell presented a summary of the work of the Transformation and Innovation committee. The key points being:

- The Committee's main focus is on the commissioning and decommissioning of services.
- The Committee will be focussing on the remodelling of adult beds at East London Foundation Trust.

### 4.2 Waivers for standing orders

Henry Black presented three waivers of the CCG standing orders. Members were informed that waivers would ordinarily be scrutinised by the Audit Committee and be reported to the Governing Body.

Mariette Davis asked if the waivers were presented to the Governing Body for 'approval' or 'to note'. Henry Black informed members that the Chief Finance Officer can waive the standing under special circumstances e.g., where a full procurement is not possible or would be detrimental to the service. The Governing Body is then asked to note these waivers. **The Governing Body noted the waivers.**

## 5 AOB

No further issues were raised.

## 6 Questions from the public

### 6.1 Question 1

Diane Barham - Chief Operating Officer - Healthwatch Tower Hamlets asked:

1. In the quality report there were some issues that were not mentioned which we have been getting reports of: e.g. nursing care at Barts Health NHS Trust and patients experiencing poor nutrition at Mile End Hospital; all of which have similar things in common with the findings of the Francis report; are monitoring processes in place?
2. Will payment by results offer patients more choice?

With regards to question 1, Jane Milligan informed members that the CCG is aware of 2 Care Quality Commission reports referring to the Royal London site. At the time of members Barts Health NHS Trust are responding to the reports. The response and the follow up of actions plans will be monitored at Clinical Quality Review meetings and the Finance, Performance and Quality Committee.

With regards to question 2, Dr Sam Everington informed members that PbR would offer more patient choice adding that the CCG would be examining the full impact of PbR in the coming weeks.

### 6.2 Question 2

Len Aldis – Harley Grove patient group asked:

If I need treatment, does my GP have to tender for all aspects of my care, if so who are the non-NHS providers in Tower Hamlets, if they don't tender do they run the risk of being sued and is using non-NHS organisations a "privatisation" of the NHS?

Charlotte Fry responded that:

1. GPs have an obligation to offer a service to all providers so as to ensure that the process is fair. There is a wide range of providers for care including: acute, community, voluntary sector, and consortia of GPs. All providers need to meet a minimum standard. The one criterion providers cannot be judged on is whether or not they are NHS organisations or not.
2. GPs cannot be sued, but if the referral process is deemed to be unfair by a provider they can request a judicial review.
3. The CCG will also scrutinise whether procurement is necessary or not. When selecting a provider the quality and ability to deliver services are high in scoring but cannot distinguish between NHS and non NHS.

The Chair added that the CCG is committed to the NHS.

### 6.3 Question 3

Sue Hogarth – Public Health Registrar asked:

How well engaged is the CCG with the voluntary sector in formulating strategy? If well or very well, how do you think you could do better?

Dr Sam Everington informed members that he is a GP at the Bromley-by-Bow practice and is a supporter of the work of the voluntary sector.

Catherine Boyle informed members that the CCG is a new organisation and as such its engagement with the voluntary sector is growing. She informed members that she was aware of areas of good practice in Tower Hamlets but added that she would like to see much more and asked voluntary sector representative to not wait to be asked, but come the CCG direct if they have an idea. The Tower Hamlets bursary scheme encourages joint working between the CCG and the voluntary sector.

Sue Hogarth then asked if there was time to influence the content of the prospectus. Jane Milligan told members that the prospectus was a fluid document and will be improved on and evolved through on going engagement.

### 6.4 Question 4

A member of the public asked:

Are there plans for the CCG to be rolling out social enterprises based at Bromley-By-Bow across the whole of Tower Hamlets? Dr Sam Everington informed members that all projects are subject to a full evaluation before being commissioned.

There were no further questions.

## 7 Date of next meeting

Next Governing Body meeting in public: Tuesday 2 July 2013, 2.30pm to 1700pm.

Room 5a/5b, Education Centre, Mile End Hospital, E1 4DGF.

**End**