

**Tower Hamlets
Clinical Commissioning Group**

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

Tuesday, 04 November 2014, 14.30 – 16.45

Room MP701, 7th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 [Present](#)

Name	Role	Organisation
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Catherine Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp Street Practice	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Dr Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodgkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG

1.1.2 [In attendance](#)

Name	Role	Organisation
Archana Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Shuma Begum	Business Manager	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Huw Wilson-Jones	Deputy Director of Contracts	NEL CSU
Lee Walker	Senior Contracts Manager	NEL CSU
Neil Kennett-Brown	Programme Director – Transformational Change	NEL CSU
Paul Iggulden	Associate Director of Public Health	LBTH
Judith Shankleman	Public Health Senior Strategist	LBTH
Dr Tania Anastasiadis	Tower Hamlets GP Cancer Lead	St Stephen's Health Centre

1.1.3 Apologies

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp Street Practice	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH
Robert McCulloch-Graham	Corporate Director	LBTH

1.1.4 Welcome

Dr Sam Everington welcomed members and attendees to the Governing Body. Apologies received from Jane Milligan (Chief Officer), Maggie Buckell (Registered Nurse), Dr Osman Bhatti (LAP 7 rep), Dr Somen Banerjee (Director of Public Health) and Robert McCulloch-Graham (LBTH Corporate Director).

1.2 Declarations of Interest

The Chair asked Members for any declarations of interest. No new declarations of interest were noted for Part I of the meeting.

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

Dr Sam Everington presented the Chair's report. The following highlights were reported:

- London Health Commission - Better Health for London
- NHS - Five Year Forward View
- Tower Hamlets CCG – HSJ nomination for CCG of the Year Award. HSJ visit to CCG Friday 31st October 2014, feedback very positive.
- The Chair also discussed the recent article in the Daily Mail which ranked Tower Hamlets CCG as the lowest for Diabetes Care based on a PHE Healthy Lives On-line tool, but PHE has now removed its data following objections raised by the CCG. Dr Sam Everington explained that only one GP practice in Tower Hamlets filled in the return, so the stats were completely invalid because they only represented one out of 36 practices, which is not a fair system to base the performance of the borough.

Members noted the Chair's report.

1.4 Chief Officer's report

John Wardell (Deputy Chief Officer) presented the item. The following highlights were reported:

- Tower Hamlets CCG Shortlisted for the Clinical Commissioning Group of the Year and Improving Care with Technology Categories in the 2014 Health Service Journal (HSJ) Awards NHS England assurance process 13/14
- The Barts Health Joint Quality Conversation
- The 2014 National Cancer Patient Survey Results
- Legislative Reform Order (LRO)

Members noted the Chief Officers report.

1.5 Member's Story

Sam Everington introduced the CCG Membership Story Video: Discussion on Cancer Services - Dr Tania Anastasiadis, Tower Hamlets GP Cancer Lead, Dr Sella Shanmugadasan – Harley Grove Medical Centre, Dr Sangeeta Rana-Masson – Merchant Street Practice.

Themes from the discussion are highlighted below:

- Variable quality of cancer services across the trust; there are good examples but also examples of poor practice.
- London-wide standards are in place and providers should be questioned when treatment falls below standards.
- Ongoing problems with information transfer.
- Some occasions where patient leaves initial appointment expecting follow-up appointment by phone or letter which doesn't happen resulting in a GP re-referral which causes additional unnecessary delays.
- An audit carried out at one GP practice of all cancer patients in one year demonstrated huge variability with communication received from 2 week wait appointment and when trust informs practice that a patient has been diagnosed; on average 20-30 days for communication regarding diagnosis.
- Slow communication process overall, not keeping up with patient's progress.
- Holistic needs assessments not being shared with GPs.
- GPs want faxed letters after patient leaves clinic highlighting what patient has been informed / investigation outcomes / treatment plan.
- There is a sense that there are managerial problems across services; how referrals are received, processed and followed up and patient's being sent away after initial appointment without confirmed follow up appointment resulting in 'lost patients'.
- The usefulness of a 2 week wait appointment where a follow up appointment for diagnostics was questioned; one stop clinics work better where investigations, results and treatment plans take place.
- Experience of poor communication between radiology and clinical departments.

- There is a need for more/better benchmark trust data for patients to make informed choices of preferred trust for referral.
- There needs to be a review of GP access to diagnostic reports, quality of reports and timeliness of reports.
- There are ongoing issues around education. Currently Public Health funding early detection training for GPs and other clinical staff and Macmillan funding GP update course.
- There needs to be a WELc approach to cancer services around how we redesign service models and how we learn from each other.
- GPs are receiving staging information which allows practice reflection on levels of early and late referrals.

After the video there was a discussion where the following points were raised:

- Need for communication to be 24 hours not 3 weeks.
- Option of using other routes of communication instead of fax or post such as e-mailing to nhs.net. Current project taking place to trial e-mail direct to GPs.
- Concerns highlighted in member's story are reflected in performance data.
- The Governing Body felt it would be useful for Mr Ajit Abraham (Surgery and Cancer CAG Group Director, Barts Health) and Sir Stephen O'Brien (Chair – Barts Health NHS Trust) to see the member's story video.

➤ **Action: Forward member's story to Mr Ajit Abraham and Sir Stephen O'Brien**

1.6 Minutes and matters arising of the meeting held July 2nd 2014

1.6.1 [Minutes](#)

There were no requested amendments of the previous minutes. The minutes were approved as an accurate record of the meeting.

1.6.2 [Matters arising](#)

No matters arising and all actions completed.

2 Performance and Operations

2.1 Board Assurance Framework (BAF)

John Wardell presented the Board Assurance Framework and informed members that the framework had been refreshed, he highlighted the following key risks:-

Risk 1.1 – Systems and processes to monitor, challenge and support provider delivery of NHS Constitution target - Escalation of risk rating based on collective views across the collaborative and other stakeholders re: escalation quality and performance risks at Barts Health.

Based on the escalating quality and performance risks at Barts Health the Tower Hamlets Governing Body Members expressed the need for a Board to Board meeting with Barts Health to seek appropriate assurances. It was thought this would work best with external facilitation.

- **Action: Archna Mathur is establishing process for arranging a Board to Board meeting.**

Risk 1.2 – Designated Doctor and Nurse for Looked After Children (LAC) recruitment - the interim cover for the Safeguarding (LAC) nurse post has been identified, the substantive post remains vacant. Designated doctor for LAC (Dr Owen Hanmer) will be leaving post – BH will appoint interim.

The internal auditors have completed their review of the BAF, the Audit Committee and Senior Management agreed with the recommendations set out on the IA report; all recommendations to be implemented by November 28th 2014.

Members noted the item.

2.2 TH CCG Objective Scorecard

John Wardell presented the objective scorecard. Key area to note:-

- The majority of metrics have been rated as green with the exception of cancer two week wait (Red). There are several grey areas where data to support the metric is not currently available.

Key updates for November are:

- Achievement of Cancer 2 week wait continues to be Red. However performance has improved and unvalidated data for September suggests further improvements than the reported 85.8% compliance
- Integrated Care Dashboard showing admissions and readmissions for the IC target population reducing month on month since introduction of teams in October 2013. Indicator changed to Green.
- A&E activity continues to be less than planned
- Access to IAPT whilst 7 patients behind target is still forecast to over achieve against target- Green.

It was pointed out that overall there was a positive picture excluding the Cancer two week wait metric.

Members noted the item.

2.3 Finance and Activity

2.3.1 [Finance report month 6](#)

Henry Black explained going forward the finance and activity reports are being updated to reduce duplication. He presented the finance report and also highlighted emerging risks:

- At month 6 the CCG is reporting a year to date surplus of £5.9m and forecast surplus of £11.9m, in line with the Financial Plan. However, commissioning reserves are required to offset pressures on contract activity, particularly in the acute sector and continuing health care area, in order to achieve the targeted position. Current projections suggest a possible worst case scenario of £7.5 - 8m Barts Health over-performance. Sufficient reserves are in place to cover this and ensure that the planned surplus is delivered.
- The contracting team are engaging with counterparts from Barts Health to finalise the 13/14 position. As in any year with a PbR contract, the agreed year-end balance reflected in our final accounts was based on M10 freeze data, M11 flex data and an estimate for M12. In addition it included a total value of challenges of around £10m. This means that the final settlement may potentially be marginally higher or lower than the total value reported in our accounts. At the time of writing the contract challenges process indicates that we are due a rebate in the region of £1-2m, however this has not been agreed by Barts and until agreement is reached this is not secure.
- Contract Query Notice (CQN) – Barts Health: In accordance with the contract, commissioners met with representatives of Barts Health and agreed a Remedial Action Plan (RAP) to remedy the breaches, with a number of key actions and milestones. The consequences set out in the contract of failure to agree the RAP, or failure to achieve any of the milestones contained within the RAP, are that commissioners shall withhold 1% of contract value per month for up to 6 months, with those funds retained permanently if the remedy is not actioned satisfactorily by the end of that period.
- Contractual Penalties – Barts Health: Barts Health has suffered from particularly severe problems in delivering the national requirements, and as a result the fines levied through the contract are high, possibly up to £4m for THCCG and £20m as a whole across all 12 associates to the contract. Barts has a planned financial deficit in the region of £43m but is reporting significant risk that the final outturn position will be substantially worse than this. By imposing the contractual fines, THCCG needs to balance the benefits of applying contractual measures designed to penalise poor clinical care with the obvious impact on the Trust's finances, and the potential adverse consequential impact on its operational capacity. In light of this, CCG executives are discussing with the Trust how a jointly agreed plan may be agreed, to be resourced through reinvestment of the fines, which will deliver the quality improvements required. Approval of any reinvestment would be subject to Barts meeting a satisfactory trajectory of improvement.

2.3.2 [Activity Report](#)

Huw Wilson Jones presented the report. The following highlights were reported:

- YTD Position: £5,928k surplus, with a forecast outturn position: £11,855k surplus. However, this includes significant budget pressures mainly on acute contracts.
- Main drivers for YTD budget variances:
- Barts £4,036k overspend.
- Guys £319k overspend.
- Mental Health Services £72k underspend but expected to be in line with contract offer.
- Other Non-Acute – Continuing Healthcare Net Position £275k overspend partially offset by learning difficulties with a £176k underspend.
- Prescribing is reporting a breakeven position.
- Reserves have been utilised to ensure the agreed YTD surplus of £5.9m is maintained.

The following items were raised in discussion:

Acute Contracts

The total Acute budget is £159.8m. At Month 6 the Acute position is currently showing a year to date overspend position of £5m with a full year projected overspend of £10.1m against plan.

- **Barts Health** – position at month 6, the year to date over performance is £4m, with a projected full year over performance position of £7.5m - 8m.
- Inpatient Non Elective – over performance in this area relates predominately to respiratory conditions. However this area had a large reduction in plan due to integrated care QIPP, this large variance would suggest that it is not being achieved, this will be investigated further in month 7.
- Outpatients – over performance in this area specifically relate to outpatient procedures and follow-ups. There has been a significant amount of Allied Health Professional activity which is contrary to the agreed contract, where it had been agreed that Allied Health Professional activity would apply to outpatient attendances. This has been included within the Contract Query Notice to the Trust.
- Other – This relates to a number of areas that do not fit into the categorised point of delivery sections such as HEMS, Patient Transport, direct access and high costs treatments. The biggest over performance in this area relates to HEMS and is largely attributable to the Trust charging all activity to Tower Hamlets as the host instead of recharging the other CCG's, this too is within the Contract Query Notice.
- Critical Care – It is unclear what the reasons for over performance in this area, therefore this has also been included within the Contract Query Notice, in order for the Trust to advise the reason for the increase. The CSU has recommended that an

audit should be carried out to establish the cause, as well as find out whether there is any activity which should otherwise be charged to NHSE.

- Financial Adjustments – this includes all expected adjustments expected by the end of the year these include; Emergency Readmissions, Productivity metrics and claims.
- **Guys and St Thomas's** - At month 6, Guy's and St Thomas's position shows a year to date over performance of £319k, with a projected full year over performance position of £639k. This includes an RTT adjustment to the overall position of £288k.
- **Homerton** - At month 6, the Homerton position shows a year to date over performance of £244k, with a projected full year over performance position of £488k. This includes an RTT adjustment to the overall position of £145k.

Healthcare Provision

The total Healthcare Provision budget is £146.7m. At Month 6 the Healthcare Financial Position is currently showing a year to date overspend position of £20k with a full year projected overspend of £131k against plan.

Corporate Costs

For this financial year the CCG's running costs allowance is £6.766m. As at month 6 the CCG is within plan to spend within its running cost Allocation. However, the overall corporate financial position is overspent by £504k. This relates mainly to additional CSU costs outside of the core costs which had not been budgeted.

QIPP

The Tower Hamlets QIPP plan for 2014/15 has a total gross value of £11.8m, with a net QIPP savings of £6.2m.

After the papers were presented, the following points were discussed:

- Tracking down over performance of AHP was an important piece of work.
- We need to determine net value for over performance and reference with other providers with understanding of any gaps.
- Issues relating to AHP over performance may result in an arbitration process although we need to be clear about root cause before any interventions and it would be best to audit soon to move forward with any contract disagreements.
- Further clarification was sought relating to the £504k over budget corporate costs which related to unbudgeted CSU charges. Henry Black explained that there was a piece of work looking into a possible error in charging.
- Members discussed the issues of proper coding and verifying attributable costs with the possibility of calculating the costs to both the CCG and Barts Health re: amount of time spent on data issues.
- Data quality was an action point of Barts Health CQN RAP – although this was yet to be finalised by the relevant CFO's.

- It was felt more conversations with clinic peers was necessary to address the coding and data issues.
- Members discussed possible options for driving improvement with Barts Health coding and data issues; applying more budgetary restraints to lead clinicians in CAGs with budgets partly based on coding, data etc; requesting a dashboard around coding and developing a WELC wide informatics strategy 'do it once and do it well'.

2.4 Performance and Quality report

Archna Mathur presented the item. The key areas to note were:

Serious Untoward Incidents/Never Events

Positive story - Barts Health has ZERO overdue SIs for September compared to 36 in August. The Trust process to manage serious incidents was part of the CQN (Contract Query Notice) issued to Barts Health with very close support from the CCGs. The focus is now on sustainability

Cancer

July data for the 2WW (2 week wait) suspected cancer standard is demonstrating underperformance against the 93% standard at Trust level with 90% and 89% at RLH (Royal London Hospital) however an improvement on the June position. There is a similar pattern of improvement for the breast symptomatic target with performance at Trust level at 93.2% and 96% at RLH hence achieving the target.

31 day targets to 1st treatment are being met at Trust level with 98.7.9% and 31 day subsequent surgery and drug treatment have been met for July with 100%.

62 day GP referral performance remains challenging with July data showing underperformance against the 85% target of 83.2% at Trust level.

- The Barts Health response to the Contract Query Notice (CQN) issued by commissioners, outlined recovery timescales as August 2014 for the 2ww performance (unvalidated August data is however showing that this trajectory has not been achieved with performance at 92%), and October 2014 for the 62 Day performance (data available in December). Unvalidated August data is showing an improvement for the challenged Head and Neck speciality however, achieving 97.1% compared to 73.2% for July.

The immediate focus for each speciality is to reduce capacity breaches so that any breaches remaining are only due to patient choice, where patients have been given appropriate time to accept an appointment date. Each speciality has been requested to provide analysis of when in the 14 day pathway appointments have been offered, to decrease choice breaches as this should be by day 7.

RTT

Barts Health continues to underperform against the national waiting time standards at speciality and Trust aggregate level. Recovery plans have been put in place but have been unsuccessful at delivering the results required in expected timescales. The Barts Health Director of Delivery and Improvement has commissioned an investigative review. The Trust

has 183 patients waiting over 52 weeks as at the end of September. NHSE has approved £7.3m resilience monies to support Barts Health RTT delivery.

A&E

Barts Health has failed to achieve the Q2 all types 95% standard by 0.18% with a performance of 94.82%. Performance is also below trajectory for Q3 to date particularly at RLH and Whipps Cross sites. The RLH has a LOS (Length of Stay) of 5.13 days, above the target 5 days, a variance of 2.6%. Bed Occupancy is 0.13% above the target 93% at 96%. Attendances at the RLH are in with 2013 attendance figures, but are up 7.9% against plan, with adult admissions also above plan by 2.1%. Breaches at RLH are due to bed availability, waits for specialist opinion in the ED (Emergency Department) and A&E assessment. Delayed discharges are affecting bed availability at the RLH due to delays in accessing specialist (tertiary) rehabilitation beds, repatriation of patients, continuing care cases, including a need to identify suitable nursing home placements and disputes. A second tranche of winter resilience funding has been allocated for which schemes are being worked up focussing on the need to reduce bed occupancy.

CQC

CQC have advised that they will be undertaking an inspection of the Whipps Cross site in early November. The Trust is preparing via the peer review process.

Joint Quality Conversation Event

The collaborative CCGs, led by Tower Hamlets CCG, organised a joint event with Barts Health, inviting all stakeholders to take stock of progress and quality and performance challenges following the CQC inspection in November 2013. The meeting has followed up by a further cross organisational meeting to discuss quality concerns and the outcome of this will be shared at the January Governing Body.

Quality Assurance Action Log

Since the September GB (Governing Body), Quality Assurance visits have been undertaken at the Ambrose King Centre (themed safeguarding children's visit), ward 13E (Cardiology and respiratory) and ward 13F at the RLH (Respiratory, immunity and infection). A recurrent theme is the challenge of maintaining adequate staffing.

- **Action: Quality Assurance Action Log Tracker to be forwarded to the Governing Body Members.**

Members noted the item.

2.5 Cancer Discussion

Dr Sam Everington informed the Meeting that Mr Ajit Abraham (CAG Director – Surgery and Cancer CAG) would no longer be able to attend the meeting and that it would be useful for the Governing Body to use the agenda item to discuss current issues and possible actions. The following points were raised in discussion:

- There are good examples of positive feedback on part of some pathways but we need to be asking trusts why there is not positive feedback on other parts of the pathways.
 - We need to establish who we need to liaise with on relevant matters.
 - Possible solution to develop a Cancer Strategy Group
 - Direct to colonoscopy appointments take place at Whipps Cross but not at other sites. Evidenced based medicine – colonoscopy should take place at the end of initial appointment.
- **Action: Write to Clinical / Managerial lead at each site lead to request when direct to colonoscopy service will be available from their service.**
- Members and attendees discussed holding a future Cancer Summit. Many members thought a Summit would be useful and a platform to bring the recent Cancer National Patient Survey. It was pointed out that the patient survey had already gone to two CQRMs.
 - It was noted that there are perceived issues at the clinical, finance and board level.
 - Attendees requested further clarification who has ownership of changing models of care. Archana Mathur explained that Ajit Abraham holds financial and clinical authority.
 - It was noted that there are considerable coding and data issues and that additional clinical support is needed with these processes.
 - Member's discussed the recent Patient Survey with Barts Health lowest in the country for patient experience. The Governing Body would like to know what has been implemented and how is improvement to be measured?
 - There is a need for more benchmark trust data for patients to make informed choices of preferred trust for referral; data that would aid in driving earlier detection and data that would breakdown which departments are doing well or not.
 - It was thought that it is currently difficult to get up to date validated data which is easy to cross reference. There are a lot of data sets from different sources that are not always easy to triangulate.
 - Cate Boyle discussed the possibility of offering a bursary for someone to triangulate data; explaining there was a lot of data held at various charities such as Macmillan. It was felt that there is a lot of data available but not in a useful format.

2.6 London Ambulance Service Update

Lee Walker presented the report: London Ambulance Service, Performance Update Nov 2014. The following points were highlighted:

- The London Ambulance Service has not met performance targets for the response times for Red 1 and Red 2 calls during 2014/15 and LAS are not expected to recover the position by the end of the year.
- LAS performance declined sharply in April 2014.
- An underlying cause of the poor performance is a shortage of Paramedics in London linked to high turnover of staff at LAS.
- Actions are being taken on a pan-London basis to tackle the problem. This work is being coordinated by the lead CCG commissioner working closely with NHS England and the NTDA. Action is also being taken by local CCGs.
- Performance in beginning to improve and LAS are making plans for turnaround work to continue into 2015/16 primarily aimed at tacking Paramedic retention.
- A formal contractual improvement process has been commenced and LAS are currently in turnaround.
- There is potential for poor performance to impact on the LAS ability to respond to emergencies and major incidents. There is also the risk that patients with lower acuity conditions will have to wait much longer for an ambulance.
- It is important that Ambulance Service performance is monitored closely and that remedial action plans are implemented so that performance is improved as quickly as possible.
- Performance management of LAS is being led by the lead commissioner, Brent CCG.
- Tower Hamlets CCG should also continue to monitor performance and review commissioning decisions to ensure that demand upon the Emergency Ambulance service is not increased.

After the presentation there was a discussion where the following points were raised:

- Members queried if call handlers were referring appropriately and how 111 service was impacting on service. The members were assured that these issues were being picked up holistically by the urgent care working group.
- Cate Boyle thanked Lee Walker for a clear presentation stating she felt assured as board member that what could be done is currently being done.

Dr Sam Everington presented a letter for approval re: London Ambulance Service, support for return to 'Key Worker Help to Buy' schemes to improve paramedic staffing levels in London.

The letter was approved by the Governing Body to send to Mayor Boris Johnson and it was also agreed that the letter should also be sent to the local Mayor Lutfur Rahman.

- **Action: Send London Ambulance Service Letter to Mayor Boris Johnson and Mayor Lutfur Rahman.**

Break

3 Commissioning and Strategy

3.1 Transforming Services, Changing Lives (TSCL) – Case for Change

Dr Sam Everington presented the paper – Transforming Services, Changing Lives – the Case for Change for approval. The following points were highlighted:

The Transforming Services, Changing Lives programme identifies a number of areas in which there is a Case for Change to secure high quality care in a sustainable way. Patients, residents and clinicians from across east London have made it clear that achieving these changes in hospital care will require the whole health and social care system (primary and community care, mental health, hospitals and social care) to come together, to work across organisational boundaries, in order to deliver lasting improvements for patients.

Eight areas of consensus are:

1. Our population is growing and the local NHS needs to respond to increased demand, for example in maternity and children's services
2. Our population is ageing - with increasing numbers of people with long term conditions
3. We and our partners need to work together more closely to strengthen our prevention approaches, supporting people to live healthier lives and improving physical and mental wellbeing
4. The local NHS needs to invest time and effort in tackling inefficiencies. Estates, IT systems and care pathways sometimes do not work for the greatest benefit of patients or staff
5. We need to fix our urgent care system, ensuring patients are seen in the right care setting for their needs
6. We need a transformed workforce for 21st century care – with different skills and roles, working in different settings
7. Changes will need to be made to local services if they are to be safe and sustainable. More services need to be provided in the community, closer to home
8. The local NHS and partners will need to work together to secure high quality and financially sustainable services in east London.

The members and attendees raised the following points relating to the TSCL case for change:

- It was highlighted that this programme sits in the overarching Transforming Services Together programme and that at this stage the Governing Body were being asked to approve that the Case for Change appropriately and adequately sets out the current position and articulates current knowledge of future pressures on the health economy so that the programme could move on to the next stage.

- The Case for Change was trying to form a multi-agency consensus – ie across CCGs, providers, Local Authority etc
- The quarter of a million plus predicted population growth across the collaborative boroughs represents a significant challenge but also an exciting opportunity for service redesign.
- The Case for Change has received positive feedback from the scrutiny committees.
- A significant opportunity for better joined up working with the beginnings of a vision of what change could look like across the pathways.
- Members were interested to know how the programme would overlap with academic opportunities.
- Workforce issues to deliver the programme were discussed and it was felt this is an area that would be looked into early in the programme development.
- The Case for Change was praised for being a really good paper with good rationale and that the change outlined was inevitable based on current and future pressures.
- It was confirmed that funding for the programme is a top slice across all partners.
- The paper represents a good sense of the health economy working together.
- The need to explore the principles of the engagement framework especially in relation to future service redesign was discussed.
- Cate Boyle informed the meeting that public engagement had been good so far but that it will become increasingly important when more difficult decisions will need to be made.

The members **approved** the Transforming Services, Changing Lives – Case for Change, with the following caveats:

- Academic programmes are an integral part of the programme design.
- The development of an engagement framework for making decisions.
- The reinforcement of programme enablers ie workforce, estates etc.

4 For information

4.1 Audit Committee Summary

Mariette Davis informed the meeting that since the inclusion of the Audit Committee Summary in the Governing Body papers another Audit Committee had taken place on November 3rd 2014, and the following points were to note:

- Audit Committee had reviewed the current procurement process and discussed the potential benefits of applying a value based system; where lower value contracts can be approved by the Senior Management Team with the higher value contracts approved at board level.

- The Audit Committee had reviewed the Conflicts of Interest Policy and felt that the policy needed to be updated to reflect future changes in the commissioning landscape such as co-commissioning.

- **Action: Justin Phillips to update the Conflicts of Interest Policy in line with upcoming co-commissioning guidance**

Members noted the item.

4.2 Finance, Performance and Quality Committee Summary

No further comments were raised. Members noted the item.

4.3 Locality Board Summary

No further comments were raised. Members noted the item.

4.4 Executive Committee Summary

No further comments were raised. Members noted the item.

4.5 Equality and Diversity Committee Summary

5 Questions from the public

No questions were raised.

6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
Nov#1	Forward member's story to Mr Ajit Abraham and Sir Stephen O'Brien.	JP	Mar 2015	Suggestion to use as part of Board to Board meeting
Nov#2	Archna Mathur is establishing process for arranging a Board to Board meeting.	AM	March 2015	In progress
Nov#3	Quality Assurance Action Log Tracker to be forwarded to the Governing Body Members.	JP	Nov 2014	Actioned
Nov#4	Write to Clinical / Managerial lead at each site to request when direct to colonoscopy service will be available from their service.	AM	March 2015	Ongoing
Nov#5	Send London Ambulance Service Letter to Mayor Boris Johnson and Mayor Lutfur Rahman.	TP	Nov 2014	Actioned
Nov#6	Conflicts of Interest Policy to be updated.	JP	27/1/15	Actioned

DRAFT