

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

7 January 2014, 1430 to 1715

Room 5, Education Centre, Mile End Hospital, E1 4DG

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 [Present](#)

Name	Role	Organisation
Catherine Boyle (Chair)	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 Shatab Chowdhury	LAP 3 representative – Harford Street Health Centre	NHS THCCG
Dr Nicola Hagdrup	LAP 4 representative – Jubilee Street Practice	NHS THCCG
Dr Isabel Hodgkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Stuart Bingham	LAP 8 representative – Principal Clinical Lead – Barkantine Practice	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Jane Milligan	Chief Officer	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Deborah Cohen	Service Head Commissioning and Strategy	LBTH
Paul Iggulden (for Dr Somen Banerjee)	Associate Director Public Health	LBTH

1.1.2 [In attendance](#)

Name	Role	Organisation
Archna Mathur	Deputy Director Quality and Performance	NHS THCCG
Charlotte Fry	Commissioning Support Director (CSU)	NEL CSU
Daniel Goche	Work experience trainee	NEL CSU
Ellie Hobart	Head of Engagement	NHS THCCG
Honey Saatchi	Team Administrator	NHS THCCG
Huw Wilson Jones	Associate Director Contracting (CSU)	NEL CSU
James Peskett (for item 2.3)	Deputy Director Contracting	NEL CSU
Josh Potter	Head of Transformation and Integration	NHS THCCG
Paul Balson (Minutes)	Governance and Risk Manager	NHS THCCG
Professor Jonathan Warren (for item 2.5)	Director of Nursing and Quality	ELFT
Richard Fradgley	Deputy Director of Mental Health and Joint Commissioning	NHS THCCG
Shabira Papain (for item 1.5)	Borough Director	Social Action for Health

1.1.3 Apologies

Name	Role	Organisation
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Dr Hannah Falvey	Allied Health Professional representative	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH
Dr Victoria Tzortziou Brown	LAP 7 representative – All Saints Practice	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG

Dr Sam Everington sent apologies to the meeting. In line with the NHS Tower Hamlets CCG Constitution: Catherine Boyle – Vice Chair and Lay Member (PPE) would chair the meeting.

1.1.4 Welcome

Cate Boyle welcomed Governing Body Members, attendees and the public to the first Governing Body meeting of 2014. The public were informed that:

- they would have an opportunity to ask questions at the end of the meeting. Questions were collated by Honey Saatchi – Committee Administrator in the public gallery.
- there is a glossary of terms and abbreviations on page 8 to assist with understanding commonly used NHS acronyms and terminology.

1.2 Declarations of Interest

The Chair asked Members for any declarations of interest. There were no further declarations of interest from members or attendees in addition 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/conflict-of-interest-register.htm> or is available from the Governance and Risk Manager: Paul.Balson@towerhamletsccg.nhs.uk

1.3 Chairs report

Catherine Boyle presented the Chairs report. The following highlights were reported:

1.3.1 Success stories

The following success stories capturing the things that make Tower Hamlets CCG a success and a good place to work in were reported:

- The WELC Integrated Care Programme
- Patient and Public engagement for the Mental Health Strategy
- The Women's Health and Family Service
- The CCG Voluntary Sector Bursary
- Dementia Service redesign
- Primary Care Mental Health Service development
- Mental Health Accommodation Strategy
- The Urgent Care Centre at the Royal London Hospital
- Equality and diversity workstreams
- A number of success stories from Barts Health NHS Trust

The Governing Body and the Executive Team were congratulated for the success stories in Tower Hamlets. Catherine Boyle noted that the CCG had done well in its first year of operation, that it had been a hard year with a harder year to come.

1.3.2 [Waiver of standing orders](#)

Three waivers of standing orders were reported in the Chairs report:

- OISG Information Systems
- City and East London Bereavement Service (CELBS)
- Age UK

The Chair reported an additional two waivers of standing orders, these were:

- 1) Good Moves programme, Social Action for Health (SAfH), and
- 2) Diabetes Education service, Women's Health and Family Services (WHFS)

Members **noted** the Chair's report.

1.4 Chief Officers report

Jane Milligan presented the Chief Officers report. The following highlights were reported:

- Feedback from the CCGs quarter 2 Balanced Scorecard checkpoint meeting
- Barts Health NHS Trust's use of Cerner's Health Information Exchange
- A summary of forthcoming national guidance
- NHS Tower Hamlets CCG in the media
- Freedom of information act requests

The following items were raised in discussion:

1.4.1 [East London Foundation Trust collaborative commissioning arrangements](#)

NHS Tower Hamlets CCG and its partner CCGs are designing new collaborative commissioning arrangements with East London Foundation Trust (Mental Health) for 2014/15. NHS City and Hackney led on the Commissioning of Mental health in 2013/14.

1.4.2 [Winterbourne view](#)

The CCG recently completed a self-assessment against the Winterbourne View Joint Improvement Programme recommendations. Although none of the recommendations are applicable to the CCG as there are no patients with learning disabilities in residential care in Tower hamlets, the CCG has embedded the areas of good practice contained within the report.

1.4.3 [Barts Health NHS Trust quality summit](#)

At the 5 November 2013 meeting of the Governing Body it was reported that the CQC had initiated an inspection of Barts Health NHS Trust. On Friday 10 January 2014 the final draft of the inspection report is scheduled to be discussed at a quality summit hosted by Barts Health NHS Trust. In

attendance at the summit will be: local CCGs, Healthwatch and Local Authorities. The overall aim of the summit is to:

- review the report and Barts Health NHS Trust's response
- identify areas which would benefit from a cross organisation focus

The final report will be published for on Monday 13 January 2014.

1.4.4 [Results of the NHS Tower Hamlets CCG election](#)

Jane Milligan presented the election results:

LAP	Representative	Replacing
1	Dr Judith Littlejohns	No change
2	Dr Haroon Rashid	No change
3	Dr Victoria Tzortziou-Brown	Dr Shah Chowdhury
4	Dr Martha Leigh	Dr Nicola Hagdrup
5	Dr Isabel Hodgkinson	No change
6	Dr Sam Everington	No change
7	Dr Osman Bhatti	Dr Victoria Tzortziou-Brown (moving to LAP 3)
8	Dr Shah Ali	Dr Stuart Bingham
Practice Manager	Virginia Patania	No change
Practice Nurse	Katherine Gerrans	No change

Members were informed that the new delegates would receive a full induction and work with the Governing Body in shadow form until 1 April 2014, when they will become full members of the Governing Body.

Members were informed that there would be a thank you and farewell for the members standing down at the 4 March 2014 meeting of the Governing Body.

Members **noted** the Chief Officer's report.

1.5 Patient story – Maternity focus

Catherine Boyle introduced the patient story item.

Members were informed that for many patients, the NHS is a fragmented organisation and it is hard for some patients to feel heard. As commissioners, the CCG places an important premium on listening to patients. Although there are many ways for patients to engage with the CCG, the 5 minutes of Governing Body time allocated to 'Patient Story' demonstrates the importance the CCG places on listening to patients.

[1.5.1 Shabira Papain - Borough Director at Social Action for Health](#)

Shabira Papain informed members that the CCG provides on-going support to ensure that the patient voice is at the heart of maternity and influencing change.

The CCG was thanked for giving Social Action for Health the opportunity to address the Governing Body. Shabira then introduced the following three women who had recently given birth in Tower Hamlets, a summary of their stories are below:

[1.5.2 Zainab](#)

- Zainab has a 6 month old baby who is her 2nd child
- She felt that the midwife at Barts Health NHS Trust did not sufficiently listen to her and as a result gave birth at home.
- Post-birth, when she attended the hospital with pains, there were no wheelchairs for her.
- Zainab added that her antenatal care was good.
- The main issue for her was that she would have liked to have been listened to and respected by the midwife.

[1.5.3 Shahida](#)

- Shahida has a 19-month-old baby who was born at the Royal London.
- She was sent home upon presenting herself to the Royal London despite being in pain.
- The midwife gave her the wrong information and she was continuously moved around before being sent home as there were no free beds. These occurrences were attributed to the hospital using the wrong date of birth for Shahida.
- Shahida felt that the overall experience could have been good if there was good community support.

[1.5.4 Aki](#)

- Had her first baby at Barkantine and informed members she would like to go back there as it was a positive experience.
- She found the service friendly and they provided many resources for her.
- The midwives were respectful; they heard the patient concerns and she was only told to go home so she would be more comfortable.

[1.5.5 Discussion](#)

The Governing Body and Shabira Papain thanked the women for their contribution.

Shabira Papain informed members that she hears positive things about the Barkantine birthing centre. Members were informed the issue that crops up continuously was no longer the cleanliness of maternity wards; but the level of compassionate care they received from maternity staff. Patients want to feel heard and respected.

Dr Judith Littlejohns thanked the women for their stories emphasising their value in helping the CCG hear the patient voice and would pick up the main issues flagged by the service users in the maternity programme board.

- **Action: Dr Judith Littlejohns to embed the lessons learned from the Maternity patient Story into the Maternity programme Board.**

Catherine Boyle informed members that there will be further developmental interviews with the women.

Members **noted** the Patient Story – Maternity focus report.

1.6 Minutes and matters arising of the meeting held 5 November 2013

Members **approved** the previous minutes as an accurate record of the meeting.

2 Performance and Operations

2.1 Board Assurance Framework

Jane Milligan presented the item. This was discussed in conjunction with [4.1 NHSE Quarter 2 Balanced Scorecard](#). The following points were raised in discussion:

The CCG's first BAF was developed over the course of 2013/14. Although it is all encompassing and captures both the risks facing the CCG and the work carried out to mitigate these risks; there are a number of improvements that will be made to the 2014/15 Board Assurance Framework such as additional clarity on the roles and responsibilities of CCG management and committees.

In 2014/15, the CCG will also look at ways to better report the following to the Governing Body:

- The CCG Objective Scorecard
- NHS England Balanced Scorecard
- Board Assurance Framework

This will provide a high-level overall picture of how the CCG is performing and make it easier for Members to fulfil their responsibilities.

Jane Milligan presented a diagram showing how the CCGs key Strategies underpin the Strategic Objectives.

Members were informed that in future, the Board Assurance Framework will be discussed first in the Performance and Operations section.

Mariette Davis provided a summary of the in-depth review the CCG Audit Committee members conducted into 'Strategic Objective 2: Improving the quality of all our commissioned services'. This risk was selected as at the start of the year it was rated as a high risk and despite a lot of work being carried out, the risk remained high risk. The Audit Committee Members reviewed the evidence submitted by Archana Mathur – Deputy Director Quality and Performance and presented a report to Jane Milligan and Archana Mathur who will comment and respond on the recommendations contained within it. Governing Body members will receive a copy of the final report, which will also be used to guide an organisation development session and the 2014/15 BAF.

Mariette Davis noted one deficiency in the BAF was that it is a relatively short-term document (i.e. only covers one financial year). As many of the CCGs initiatives are due to have a positive impact over longer timeframes, the recommendation is to align the BAF to the timeframe of the strategic plan i.e. 2-5 years. This will allow the CCG to:

- Better track the impact of the CCGs actions and,
- Better capture the ambitions of the CCG.

Mariette Davis noted that she was happy to see the BAF higher up on the agenda. Catherine Boyle added that the BAF was an essential document for Governing Body Members and that they should all hold it dear.

Dr Isabel Hodgkinson noted that the document was incredibly useful, but asked if there was any sharing of BAF risks across the CCGs who Commission Barts Health NHS Trust? Jane Milligan informed members that one of the first requests of Richard Quinton – Interim Director of Commissioning was to request the BAFs of Newham CCG, Tower Hamlets CCG and Waltham Forest CCG with the aim of comparing and propose joint methods for moving forward.

Deborah Cohen enquired if there was a scorecard for NHS England that measured their role as commissioners of primary and specialist care. Archana Mathur informed members that this formed part of NHS England's new framework and that methods for sharing this information were being discussed.

Catherine Boyle noted that as the BAF and scorecards were public facing documents and showed the CCG as being red rated on several performance measures; it would be useful for the public to be given an overarching statement that captured the amount of work being carried out. The amount of work the CCG is conducting may not be apparent to the public in the current report format. Archana Mathur informed members that the report coversheet provided a précis of the remedial work the CCG conducts and these are available on the CCG website.

Dr Tan Vandal noted that the risk rating for Strategic Objective 3: Creating a thriving and stable health and social care economy was forecast to be amber / green, whereas Strategic Objective 2: Improving the quality of all our commissioned services' is red. He added that he would prefer the opposite situation. Jane Milligan acknowledged the observation and informed members that the CCG is looking at ways of reinvesting resources to improve quality and performance e.g. winter monies, Referral to Treatment Times.

Members **noted** the report.

2.2 TH CCG Objective Scorecard

The Governing Body had no further comments on this item and **noted** the report.

2.3 Finance and Activity

2.3.1 [Activity report](#)

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

The Barts Health NHS Trust contract was not signed due to an outstanding issue relating to the sharing of information related to activity. Catherine Boyle asked if it was possible to escalate the situation with the Barts Health NHS Trust contract to NHS England and facilitate expedient signature. Huw Wilson Jones informed members that NHS England could recommend that they sign; not compel. As the contract is awaiting the resolution of one issue, third party arbitration is being considered.

The desegregation of Specialist Commissioning between the CCG and NHS England is close to being resolved.

It was noted that an increased number of patients were seen attending UCL and Homerton Orthopaedics and this seemed to correlate with some feedback from GPs about longer waits at Barts Health. This was seen as a beneficial, as demonstrating that patients now have a choice of provider. Dr Tan Vandal enquired if patients were aware of this choice. Huw Wilson Jones informed members that the choice should be visible through the choose and book system which is available in every Tower Hamlets GP practice and GPs are generally aware of the other hospitals in London that patients can get to.

Deborah Cohen noted that at the start of the financial year, orthopaedics and trauma were a concern and performance picked up following CCG scrutiny of the service and proposed repeating this. Jane Milligan informed members that: The service was fully staffed but still has capacity issues.

- One piece of work almost completed is the backlog clearance plan. This is scheduled to be signed off on 17 Jan 2014 with the NTDA.
- Dr Victoria Tzortziou- Brown is conducting a clinical pathway redesign, which will incorporate the Orthopaedics and trauma service.

Members **noted** the report.

[2.3.2 Finance month 8 2013/14 report](#)

Henry Black presented the item. The following items were raised in discussion:

[2.3.3 Financial position](#)

The month 8 report shows the CCG is projecting a surplus of £12.9m, which is £3.1m above its control surplus of £9.8m.

Members **noted** the report.

[2.3.4 Acute provider data issues](#)

The quality of data from Barts Health NHS Trust is improving from where it was at the start of 2013/14.

Dr Isabel Hodgkinson asked: now that the CCG can validate data, will this change the performance levels at Barts Health NHS Trust? Huw Wilson-Jones reported that data quality would always be an issue given the large size of Barts Health NHS Trust.

Dr Tan Vandal noted that Barts Health NHS Trust prides itself as the largest trust in the country, but continuously cites this as a reason for poor data, management or care. Henry Black informed members that an additional barrier to good performance was that the merger of three different IT systems was not initiated until 1 April 2013 and this takes time. Henry Black informed members that the issue should be improved within 12-18 months. Dr Isabel Hodgkinson informed members that she and Jane Milligan reviewed the information strategy and found the different number of systems to be extremely complex and projected that the issues would actually take a number of years to sort out.

Dr Tan Vandal requested site-specific data from Barts Health NHS Trust rather than an overall picture. Catherine Boyle noted that it was disheartening and difficult to get a sense if things were getting better at Barts Health NHS Trust and added that the aggregated reports do make it difficult to get an idea of whether or not any improvements are being made.

Dr Shah Chowdhury asked if NHS Shared Business Services were responsible for the poor performance in the Better Practice Payments performance indicator. Henry Black informed member that the main obstacle to achieving this performance measure was getting access to patient data adding that this should be less of an issue post Month 8.

Catherine Boyle noted that the main point was for the CCG to be presented with a disaggregated report of the Barts Health NHS Trust sites.

- **Action: CSU to add site-specific disaggregated data for Barts Health NHS Trust to the Finance and Activity report.**

Members **noted** the report.

2.4 Performance and Quality report

Archna Mathur presented the item. Members were given a number of updates to the report in the pack. These are summarised below:

2.4.1 [Cancer](#)

Barts Health NHS Trust fell short of the 2-week wait for urgent referral. This has been attributed to capacity issues, specifically the training of new staff.

For Cancers in upper gastrointestinal, neck and breast Barts Health NHS Trust is forecasting to be on target January.

Concerning the Cancer 31 Day waits for treatment target, Ocular, Oncology and upper gastrointestinal have resolved most of their issues, which should be reflected in improved performance.

With regards to the Cancer 62 Day wait for treatment target, the main issues for the poor performance were the induction of new staff and late referrals from other Trusts. Work is underway to improve communication between Barts Health NHS Trust and other Trusts on this issue.

2.4.2 [Accident and Emergency](#)

Overall Barts Health NHS Trust struggled to achieve the target for 4-hour wait over the Christmas period. However, for quarter 3 they achieved it. Although the Newham and Whipps Cross sites achieved the target, the Royal London did not due to shortages of beds. It is hoped that the winter monies will positively influence the performance of this target.

2.4.3 [Friends and family test](#)

To date, this this target has been a good news story as Barts Health NHS Trust have achieved the standard overall. Members were asked to note that for inpatients, the target was improving but in A&E, it was falling short.

2.4.4 [Questions](#)

Dr Isabel Hodgkinson informed members that the CCG had obtained a Macmillan Cancer Support grant to recruit a GP - Tania Anastasiadis. It is hoped that she will have a positive impact on the achievement of the cancer waiting times targets working with Barts Health NHS Trust and patients.

Dr Tan Vandal made the following points:

- He was satisfied with the new cancer lead and the improved quality of data within the report
- It was frustrating to see that the breaches occur in the same areas and work does not seem to be having a positive impact yet.
- The cancer targets are a real measure of quality of care. It is unacceptable for a patient to wait longer than 31 days for a first treatment of cancer and unacceptable for 62 days.
- It was acknowledged that there will always be some patients that cannot or will not go to get treatment and hence the target will not achieve 100%. However, it is frustrating for the 2-week target not to be met owing to administrative or capacity issues.
- Each cancer target matters, every patient is important.

Archna Mathur informed members that Barts Health NHS Trust would conduct an audit into patient choice to establish the number and reasons of patients sometimes opting to not take up an appointment within 2 weeks.

Maggie Buckell informed members that she agreed with Dr Tan Vandal's points adding that 25% of patients not making their appointment due to administrative errors is stark.

Dr Tan Vandal enquired: when a patient breaches, does the Trust contact them to provide reassurance that they will not come to any harm as a result of the breach?

- **Action: Archna Mathur to investigate if Barts Health NHS Trust has an SOP for contacting patients who breach the cancer targets.**

Catherine Boyle found the additional details useful, but left her feeling more concerned about the poor performance. The GPs were asked if they had a process for communicating quality and performance to patients. Dr Isabel Hodgkinson raised the point that often GPs are not communicating the urgency of a 2-week cancer referral to patients.

Dr Stuart Bingham also enquired if there were any sizeable waits for the patients who breached the target. Archna Mathur informed members that were variable waits beyond 2 weeks.

Archna Mathur informed members that there would be a CQRM with cancer and cardiovascular Clinical Academic Group (CAG) in January where many of the issues raised would be discussed.

Catherine Boyle summarised the section as follows:

- The additional detail in the quality and performance report was welcomed as was the level of effort going into resolving the issues.
- The Governing Body welcomed the funding for the MacMillan Cancer Lead.
- The CCG is concerned that 'Administrative errors' is one of the reasons for the 2 week breaches.
- The CCG would like some assurance that patients are communicated with following a breach.
- The CCG would consider ways to improve communication of quality and performance issues with GPs.
- The CCG was pleased to see compliance with the Friends and Family Test, but would like more site and service specific details

Members **noted** the report.

2.5 East London Foundation Trust (ELFT) Francis Report response

Dr Judith Littlejohns introduced the item informing members that its purpose was to provide assurance of the work that has been going on at ELFT in response to the Francis report presentation. Professor Jonathan Warren presented the item.

Members were informed that safety has been a key issue at ELFT since the homicide on the ELFT premises and for them, it is a bigger issue than just the Francis Report, Keogh review and Don Berwick review. The key components of the ELFT response are:

- Ensure the Trust listens to staff and patients. The Trust has changed its structure to reflect this.
- Change the use of data. The Trust now sets its own quality standards to aspire to and doesn't benchmark with the objective of not being amongst the poor performing Trusts.
- Transparency. Publish all reports in the public domain.

Catherine Boyle asked members if there were any questions.

Dr Isabel Hodgkinson noted that she liked the report and was interested in the section on staff development asking how ELFT would deliver it. Professor Jonathan Warren informed members that the Trust were procuring external expertise to provide this quality improvement. Dr Isabel Hodgkinson and Professor Jonathan Warren agreed to look at ways to develop both ELFT and the CCG together.

Catherine Boyle informed Professor Jonathan Warren that it was a reassuring piece of work.

Professor Jonathan Warren informed members that he would be happy to hear from Governing Body members if they had any further suggestions to improve quality at ELFT.

Members **noted** the report.

2.6 Continuing Care Budgets

Dr Shatab Chowdhury presented the item. The report was presented to the Governing Body **for information**. The following points were raised in discussion:

By April 2014, people eligible for NHS continuing healthcare will have the right to ask for a personal health budget, including a direct payment.

The likelihood is that changes will be minor in the early part of 2014/15, with some resource to transfer from the existing Continuing Healthcare budget to fund this, but it is expected to be a reallocation of resources and to be net cost neutral.

Virginia Patania asked if there was any possibility that personal health budgets would detract from the level of resources the CCG receives. Dr Shatab Chowdhury informed members that he thought it was unlikely resources would be reduced.

Dr Isabel Hodgkinson informed members that the key point is for individuals to purchase what they need with a degree of freedom, noting that some of the pilots allowed patients to purchase equipment not on the "approved menu" e.g. allowing the purchase of air conditioning for chronic conditions. Dr Shatab Chowdhury added that the pilots that worked best, were the ones that gave patients relative freedom.

Virginia Patania asked if there were any early indications of what it would look like. Dr Shatab Chowdhury informed members that patients would have a care plan budgeted which would be finalised with a clinician. There are various allocation formulae available; Dr Shatab Chowdhury informed members he would research this issue.

Cate Boyle noted that the topic of personal health budgets would be covered in forthcoming workshops, organisational development sessions and Governing Body meetings.

2.7 Public Health Memorandum of Understanding

Dr Haroon Rashid presented the item. This is the 2nd year of the Public Health Memorandum of Understanding (PHMU). It focuses on 3 areas:

- Public health analysis underpinning clinical commissioning
- Embedding prevention into clinical commissioning
- Ensuring join up between CCG and Public Health commissioning

Performance in the PHMU is maintained through bi-monthly meetings between Dr. Haroon Rashid and Dr. Somen Banerjee as well as monthly meetings between Dr. Somen Banerjee and Jane Milligan.

The Public Health team were thanked for their help during 2013/14, which was a challenging year given the level of changes in Local Authority.

Dr Isabel Hodgkinson requested Clinical ownership regarding the measure of public health outcomes, adding that business outcomes should not be the sole measure of success.

Deborah Cohen informed members that she would bring a paper on Public Health Commissioning with Barts Health NHS Trust Community Health Services to a future Governing Body meeting.

- **Action: Dr. Somen Banerjee to submit a paper on Public Health Commissioning with Barts Health NHS Trust Community Health Services.**
- **Action: Paul Balson to add Public Health Commissioning with Barts Health NHS Trust Community Health Services to the forward planner**

James Peskett informed Deborah Cohen that he would like to assist with the paper.

The Governing Body **approved** the PHMU.

3 Commissioning and strategy

3.1 Strategic planning

3.1.1 [Plan on a page](#)

Henry Black presented the Draft 5 Year “Plan on a Page” adding that work was on going to create a more detailed plan. No further comments were received.

Members **noted** the report.

3.1.2 [Allocations](#)

Henry Black gave a verbal report on the CCG financial allocations for 2014/15 to 2016/17.

In summary:

NHS England have indicated that although resources will be reduced over time, there would not be a large scale re-allocation of resources over the short term.

There is no detailed financial detail for years 3 - 5, but NHS England plans indicate it will be increasingly challenging.

It is hoped that the CCG's Integrated Care Programme will make savings, allowing the CCG to manage with the reduced resources.

Mariette Davis noted that the reduction is less than was reported to the Governing Body in November which was good news.

Jane Milligan informed members that the extra resources would be used for clinical service redesign as well as other projects to increase productivity. Jane Milligan added that although the change means the CCG has some flexibility at present, the long-term financial challenges remain ahead.

Dr Tan Vandal asked: as the CCG will be conducting more collaborative work with partner CCGs, which would only be good for patients; is it likely that there will be joint CCG Governing Body meetings in future? Jane Milligan informed members that the CCG faces a 10% reduction in running cost allowance in 2014/15 so areas of joint working may be considered. However, the CCG is anxious not to lose its working relationship with the Local Authority. Members were informed that various management models would be looked at during the forthcoming strategy session.

Members agreed to wait on forthcoming guidance regarding list boundaries before deciding upon expanding practice lists.

Members **noted** the report.

3.2 **Maternity Mates**

Dr Judith Littlejohns presented the item. The following highlights were reported:

- The Maternity Mates Programme was praised by the Patient Story volunteers.
- The pilot scheme finished and went out to tender for a provider
- There was one applicant who was successful. The business case was scrutinised by the Procurement Group and the Finance and Activity Committee.
- As the value of the contract was £186,000 over three years and over £113,057; the contract can only be approved by the Governing Body.

There were no further questions and the Governing Body **approved** the award of the Tower Hamlets Maternity Mates Service contract to Women's Health and Family Services.

4 For Information

4.1 NHSE Quarter 2 Balanced Scorecard

This item was discussed at [2.1 Board Assurance Framework](#).

4.2 Maternity Strategy

Dr Judith Littlejohn presented the item. The following highlights were reported:

- It was good to hear the positive experiences of patients during the patient story.
- The Maternity Strategy aims to: Improve access, improve quality of antenatal care and midwives and improve the patient experience.
- The Maternity Strategy was initiated by both the CCG and Barts Health NHS Trust.

Jane Milligan noted that it was good to hear the positive feedback from patients on the Barkantine and asked if there were any mechanisms to increase levels of activity at the Barkantine and whether there was any links with the Health and Wellbeing Strategy. Dr Judith Littlejohns informed members that Barts Health NHS Trust will be pushing for this and the Maternity Mates programme will provide information to patients about the Barkantine birthing centre. Dr Judith Littlejohns also informed members that there is now steady Local Authority representation on the programme board, which will ensure links to the Health and Wellbeing Strategy.

Dr Stuart Bingham informed members that he was involved in the steering group that established the Barkantine birthing centre. Steering group continued to meet as “Friends of the Birthing Centre” who promote the work of the Birthing Centre. He informed members that this group would work to further promote the Barkantine Birthing Centre.

Dr Judith Littlejohns informed members that the Maternity Mates programme is creating promotion materials for GPs to use and arranged a number of engagement events.

Catherine Boyle noted that it was good to see high levels of engagement.

4.3 Audit Committee summary

In addition to the BAF review, Mariette Davis informed members that the Audit Committee had looked at plans for submission of the annual report and annual accounts, recommending that Governing Body members review and contribute to it.

4.4 Transformation and Innovation Committee summary

Maggie Buckell informed members that the Transformation and Innovation Committee has been busy looking a number of business cases and will continue to do so at its next two meetings.

4.5 Locality Board summary

No issues were raised on this item.

4.6 Executive Committee

No issues were raised on this item.

4.7 Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England

Ellie Hobart informed members that this item would be developed into an organisational development session as well as be used to review the job description and appraisal process for Governing Body members.

5 Other business items

The following items were raised for discussion:

5.1 Barts Health NHS Trust patient and public engagement

Catherine Boyle informed members that herself, Ellie Hobart – Head of Engagement and Nicola Weaver – Engagement Manager met with Andrew Wood - Chairman of the Patient Panel at the Royal London Hospital, Barts Health NHS Trust before Christmas.

At this meeting Catherine Boyle was informed that Andrew Wood was tasked with recruiting patients to work with in developing Barts Health NHS Trust's patient and public engagement; to date he has not been given a steer on how he can recruit patients to the Patient Panel.

Catherine Boyle requested that the Governing Body ask Barts Health NHS Trust what the plans for the patient panel are, and request that the CCG provide him with support. Jane Milligan informed members that she had raised the issue at the last CQRM where she was told the Trust admitted they are behind with the Patient Panels. Jane Milligan informed members that she would formally write to the Trust on this issue.

5.2 Patient Advice and Liaison Service (PALS)

Maggie Buckell asked if there were developments concerning improving access to the Barts Health NHS Trust PALS.

Ellie Hobart informed members that the Trust no longer has 'walk in' access to PALS and that all enquiries must be by telephone or email. Catherine Boyle felt that this was too much of a barrier for patients and requested that Jane Milligan include this in her formal letter.

- **Action: Jane Milligan to formally write to Barts Health NHS Trust enquiring about the inactivity with 'Patient Panels' and an explanation as to why there is no 'Walk in' access to PALS.**

5.3 North East London Clinical Strategy

Jane Milligan informed members that in addition to the WELC Clinical Transformation Strategy, the CCG Chairs, Barts Health NHS Trust, and Healthwatch have been meeting since June 2012 to consider the future clinical strategy for North East London.

The review is currently looking to update the information collated in the H4NEL (Health for North East London) programme and see what impact has been made and which areas of healthcare require further reconfiguration.

The CCG will be financing the review from its 2% non-recurrent savings. With our partner CCGs (Waltham Forest CCG and Newham CCG) we will also be asking NHS England for support.

This issue will be discussed at a future organisational development session and a future Governing Body meeting.

Dr Judith Littlejohns asked if East London Foundation Trust (ELFT) were engaged in the conversations. Jane Milligan informed members that ELFT were engaged, but at early stages. Members were also informed that other North East London CCGs and providers were being asked to participate but have not to date.

Mariette Davis informed members that she was happy to see Clinical Engagement Strategy that has been circulated as she felt clinical engagement was key to improving the quality of commissioned services.

6 Questions from the public

There were no questions received from the public that were not answered during the course of the meeting.

7 Date of next meeting

Tuesday 4 March 2014

2.30 to 5.30

Meeting Room, Osmani Centre, 58 Underwood Road, London, E1 5AW

Catherine Boyle informed members that this would be the last meeting for:

- Dr Nicola Hagdrup
- Dr Shah Chowdhury
- Dr Stuart Bingham

End

8 Matters arising

Action reference	Action	Lead	Due Date	Update
Jan #1	CSU to add site-specific disaggregated data for Barts Health NHS Trust to the Finance and Activity and Performance reports.	Sue Edwards	25 February 2014	Action complete
Jan #2	Archna Mathur to investigate if Barts Health NHS Trust has an SOP for contacting patients who breach the cancer targets.	Archna Mathur	25 February 2014	Action pending
Jan #3	Deborah Dr Somen Banerjee to submit a paper on Public Health Commissioning with Barts Health NHS Trust Community Health Services.	DC	25 February 2014	Report has been added to the forward planner
Jan #4	Paul Balson to add Public Health Commissioning with Barts Health NHS Trust Community Health Services to the forward planner.	PB	25 February 2014	Action complete
Jan #5	Dr Judith Littlejohns to embed the lessons learned from the Maternity patient Story into the Maternity programme Board.	JL	25 February 2014	Action complete
Jan #6	Jane Milligan to formally write to Barts Health NHS Trust enquiring about the inactivity with 'Patient Panels' and an explanation as to why there is no 'Walk in' access to PALS.	JM	25 February 2014	Action pending
Nov #4	Archna Mathur to share the CCG scorecards with Barts Health NHS Trust.	AM	31 January 2014	Barts Health rep to attend GB meeting with a view to further discussing consistency of information shared at both CCG Governing Body and Barts Health Board. Action pending
Nov #9	Archna Mathur to provide quality dashboards from other providers to the Governing Body.	AM	23 December 2013	Scheduled to be discussed with the CSU and other CCGs Action pending



DRAFT