

Enclosure B



**Tower Hamlets
Clinical Commissioning Group**

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

Tuesday, 27 January 2015, 14.30 – 16.30

Theatre Room, Oxford House, Derbyshire Street, Bethnal Green, London
E2 6HG

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 [Present](#)

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Dr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Chrisp Street Practice	NHS THCCG
Dr Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead – All Saints Practice	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Dr Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead - The Tredegar Practice	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

1.1.2 [In attendance](#)

Name	Role	Organisation
Justin Phillips	Governance and Risk Manager	NHS THCCG
Archana Mathur	Director of Quality and Performance	NHS THCCG
Ellie Hobart	Deputy Director of OD and Engagement	NHS THCCG
Nigel Woodcock	Programme Director – CHS Review	NHS THCCG
Louise Morgan	Programme Manager Performance Lead	NHS THCCG
Rahima Miah	Lead for Transformation	NHS THCCG
Genevieve Okoro	Transformation Manager	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Huw Wilson-Jones	Deputy Director Of Contracts (Barts Health)	NEL CSU
Dianne Barham	Chief Executive, Healthwatch Tower Hamlets	Healthwatch

1.1.3 Apologies

Name	Role	Organisation
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Katherine Gerrans	Practice Nurse representative	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Robert McCulloch-Graham	Corporate Director	LBTH

1.1.4 Welcome

In the absence of the Chair, Dr Sam Everington, Cate Boyle (Vice-Chair) chaired the meeting. Cate Boyle welcomed members and attendees to the Governing Body part I. The following apologies were received: Dr Sam Everington, John Wardell, Katherine Gerrans, Dr Shah Ali, Dr Haroon Rashid and Robert McCulloch-Graham.

1.2 Declarations of Interest

Cate Boyle 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.towerhamletsccg.nhs.uk/about/conflict-of-interest-register.htm>

1.3 Chair's report

Cate Boyle presented the Chair's report. The following highlights were reported:

- Tower Hamlets Clinical Commissioning Group has been named CCG of the year at the Health Service Journal awards. Cate Boyle praised the organisation and pointed out that this award was public recognition of the hard work and innovation in the organisation.
- Open Doors Education Team Winner of Health Education North Central and East London (HE NCEL) Quality Award.
- GPs boost COPD care through practice networks. Cate Boyle highlighted that financial commitment to the network arrangement results in demonstrable better care.
- Cate Boyle also congratulated the patient and public involvement team; previously the patient and public engagement strategy had been awarded an amber rating but was re-awarded a green rating after it came to light there had been an administrative error.

Members noted the Chair's report.

1.4 Chief Officer's report

Jane Milligan presented the item. The following highlights were reported:

- Simon Stevens (CEO of NHS England) visited the CCG on Weds 7th January.
- Update on Winter Pressure position.
- Dr Sam Everington (CCG Chair) gets New Year honour.

Members noted the Chief Officers report.

1.5 Patient's Story

Cate Boyle introduced the CCG Patient Story Video explaining that the video had a maternity theme and that the rationale behind this was that originally there was the intention for the Barts Health Women and Children's services director to attend but this agenda item had been postponed.

The patient story video was played highlighting two different birthing experiences (one positive and one negative) at the Royal London Hospital by two patient volunteers. The following points were raised in discussion:

- The need to ensure that we hear the experience from all maternity patients and there needs to be consideration about how the CCG gets the aggregate data because as the video demonstrates, two women can have very different experiences.
 - Dr Martha Leigh (Governing Body member lead for maternity) highlighted that there had been a lot of work with the Maternity Service Liaison Committee connecting with hard to reach groups, such as approaching people in the streets and that this had been very successful.
 - It was noted that the move to the new hospital had been a positive experience for patients but there was still further work to be done.
- **Action: Further discussion regarding concerns to be picked up at session with CAG Director and to link conversation with the Great Expectations Programme.**

Dr Martha Leigh pointed out that the negative patient experience video was over two years old so should not be used as a reflection of current service provision.

1.6 Minutes and matters arising of the meeting held Nov 4th 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](#)

The matters arising were reviewed with outstanding actions carried forward.

2 Performance and Operations

2.1 Board Assurance Framework (BAF)

Jane Milligan presented the Board Assurance Framework.

An update of Risk 1.1 was noted - *Systems and processes to monitor, challenge and support provider delivery of NHS Constitution target* – The recent CQC inspection at Whipps Cross Hospital has led to a decision by CQC to expedite inspections of the Royal London Hospital and Newham Hospital in January 2015. It was stated that the CQC results will be discussed at the March Governing Body meeting.

Members noted the item.

2.2 TH CCG Objective Scorecard

Jane Milligan 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 are not currently available.

Mariette Davis suggested that there should be a review and a refresh of the scorecard indicators to reflect the concerns with providers. It was felt that the overall 'green' position of the scorecard doesn't reflect the organisation's provider performance. It was pointed out that the purpose of the scorecard was used as a measure of how the CCG is delivering against its priorities and more specific provider performance concerns would be captured in the BAF.

Jane Milligan suggested that the scorecard could be updated to align itself to the new CCG assurance framework.

- **Action: Scorecard to be discussed at future SMT with view to update metrics.**

Dr Tan Vandal expressed the need to celebrate the current green metrics on the scorecard as examples of good practice.

Members noted the item.

2.3 Finance and Activity

2.3.1 [Finance report month 8](#)

Henry Black presented the month 8 report and explained that since the publication of the Governing Body papers the accounts for month 9 had been completed. Additional update on the month 9 position:

- CHC liability 1.3million has now been validated with a rebate of approximately £800k. It has been agreed with NHSE to increase surplus by £800k and draw down in the next financial year.
- Still on target to meet the surplus as per financial plan.

Mariette Davis requested an update relating to the Barts Health fines and reinvestment arrangements. Henry Black outlined the arrangements; quarter one and two fines to stand and the quarter three and four fines to be bid against reinvestment subject to meeting certain criteria for RTT by year end (ie no 52 week waiters). Barts Health are proposing a quality investment fund. Henry Black informed the Governing Body that the WEL and C&H CCGs had agreed to commit £2million for Barts Health improvements.

Mariette Davis sought further clarification relating to the CSU unbudgeted spend. Henry Black explained that further work was being completed to look into this and that it was likely to be a budgeting issue rather than a contracting issue.

2.3.2 [Activity Report](#)

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

- YTD Position: £7,903k underspent. Forecast outturn position: £11,855k underspent.
- Main drivers for YTD position:
- Barts £3,607k overspend.
- Guys £437k overspend.
- Mental Health Services £35k underspend but expected to be in line with contract offer.
- Prescribing is reporting a breakeven position.
- Reserves have been adjusted to reflect a YTD underspend of £7.9million

The key areas of pressure at Barts Health (Acute) continue to be emergency admitted care, planned procedures and critical care spend.

Members noted the item.

Cate Boyle informed the meeting that this would be Huw Wilson-Jones's last Governing Body at Tower Hamlets and thanked him for his time and expertise on the Governing Body; wishing him all the best on behalf of all the Governing Body for his new position.

2.4 Performance and Quality report

Archna Mathur presented the Performance and Quality Report and highlighted that the coversheet provided a comprehensive review. The key areas to note were:

The cancer 2 week wait is reporting a positive position. There is some level of concern relating to backlog clearance but systems have been put in place to manage. Trajectories for monthly performance are now in place for the 62 day standard with the aim of achievement by March 2015.

The Trust will be implementing the 'Stepping into the Future' improvement initiative using the IST (Intensive Support Team) 'Perfect Week' methodology initially at Royal London Hospital

(26 Jan) and Whipps Cross Hospital (9 Feb). The aim of the initiative is to identify and eliminate blockages to patient flow and thereby improve performance, safety and patient experience. It will initially run over one week (8 days) during which the whole organisation focuses on the RLH site to support improvements in the emergency care pathway. It is hoped that this initiative will lead to a step change in performance at the RLH and Whipps Cross sites with a more sustained performance improvement going forward.

Due to the size of Barts Health, the Stepping into the Future programme will be run over three separate weeks across the three main hospital sites - initially at Royal London Hospital (26 Jan) and Whipps Cross Hospital (9 Feb).

Serious Incidents: Barts Health has ZERO overdue SIs for November. The Trust process to manage serious incidents was part of the CQN (Contract Query Notice) issued to Barts Health with a focus now on sustainability.

The following points were raised in discussion:

Dr Osman Bhatti asked if there are any London trust wide comparative cancer waiting time data that could be shared with GPs to inform referral decisions. Archna Mathur explained that data are available but with a two month lag time so not sure how useful for patient consultations.

- **Action: Archna Mathur to discuss with Dr Tania Anastasiadis suitable comparative cancer data for GPs**

Virginia Patania asked if the Stepping in the Future Programme will achieve the A&E 95% standard and what as a CCG we can do to support this work? Jane Milligan pointed out that many challenges are still present and that the programme is about identifying the nub of these and there was support to be offered in looking at longer term solutions in a number of areas, both within the hospital and for achieving more timely discharge of medically fit patients into the community.

- **Action: Jane Milligan to invite Virginia Patania to attend a Stepping into the Future Gold Meeting.**

Members noted the item.

2.5 Healthwatch Report

Dianne Barham presented the Healthwatch Report which was introduced as high level feedback of the patient voice from the last 12 months.

Key patient issues that were highlighted in the report:

- Difficulty in accessing routine GP appointments - Inconsistency across practices, one size doesn't fit all.
- Referral letters- wrong dates, wrong person, multiple letters different dates and times, no information on what appointments for, stating appointments have been missed patients were unaware of, conflicting text messages.

- Hard to change appointments– particularly Mile End. - physiotherapy, foot health, ENT. Patients then DNA & referred back to GP.
- Patient transport turning up late so appointments are missed sometimes on multiple occasions, resulting in long delays or inadequate treatment.
- Cancelled surgical procedures ,
- Staff attitude issues:
 - Perception in some areas of staff being too few, being unhelpful, uncaring and unwilling to signpost.
 - Sense that staff are equally frustrated with admin problems & are taking frustration out on patients.
 - Particular issue with receptionists across providers.
 - Quality and availability of interpreters
 - Lack of training re vision/hearing impaired.
- Older people confused by the seemingly endless stream of people coming to their home. Feeling they've lost control of their lives which in turn can lead to a mistrust of health professionals.

The following points were raised in discussion:

Dianne was thanked for the input. It was noted that the Governing Body recognised many of the issues raised, and there is ongoing work to address a lot of the report content. It was also highlighted that the Governing Body have a programme where Provider Leads are invited to the Governing Body to provide assurance that work is underway to address such issues.

It was felt that the report did not provide a comparison with historical reports so there is difficulty interpreting whether there had been improvements or deterioration in trajectories. Also it would be useful to quantify the indicators so that trends could be determined.

Dr Isabel Hodkinson felt that the report didn't tie together and that it needed a denominator to understand the perspective. She was really keen that General Practice launch the Healthwatch feedback service collectively. It was also felt that it would be useful to have a channel to capture the provider perspective. There was concern that there are themes relating to specific practices which raised the question 'where do we go with these, especially with the CCG's future role in primary care co-commissioning?'

Dianne Barham emphasised that Healthwatch is not a research institute and that the types of data collated are anecdotal so it would be difficult to implement many of the suggestions, especially given the current capacity.

It was also suggested that it would be beneficial to linking up Healthwatch feedback process to NHS Choices rather than there being multiple feedback mechanisms and that this streamlining should increase efficiency and patient understanding. Dianne Barham pointed out that NHS choices specifically relates to NHS services and that Healthwatch works across the adult social care footprint.

Cate Boyle acknowledged the capacity limitations of Healthwatch and thanked CCG colleagues for the continuation of the service.

- **Action: Follow up safeguarding issue raised by interviewer re: integrated care.**

Break

3 Commissioning and Strategy

3.1 2015/16 Allocations

Henry Black presented the paper to advise the Governing Body of the CCG's allocation for 2015/16 and the changes to the previously announced allocation. The following points were highlighted:

NHS England have established three principles for the £1.1bn of additional programme funding to CCGs on top of the previously published allocations for 2015/16:

- Firstly, no CCG should receive less funding in cash terms than was previously agreed in December 2013 to be allocated in 2015/16 (other than any recurrent baseline changes agreed in 2014/15);
- Secondly, all CCGs should receive at least real terms growth (1.4%, the revised GDP deflator) and their fair share of the now recurrent £350m resilience funding for CCGs on their recurrent baseline; and
- Thirdly, the remaining funding should be applied to accelerate the pace of change towards target allocations and in particular reduce the number of CCGs significantly under target.

It should be noted that the rate of projected demographic growth in Tower Hamlets (2.34%) is in excess of normalised floor funding uplift of 1.4%. The CCG allocation formula does not automatically uplift allocations in respect of demographic growth, other than for CCGs who are below target. The funding formula generates a target allocation per capita, which is then multiplied by projected population to derive a total target allocation. If the target allocation is higher than actual current allocation then the CCG will qualify for additional growth. This may occur as a result of historic under funding, high demographic growth or a combination of the two.

This means that, despite receiving a real cash increase in baseline allocation of 1.4%, or £4.6m, the impact in Tower Hamlets of high demographic growth results in a real cash reduction in allocation per head of 0.92%, from £1,153 per head in 2014/15 to £1,142 per head in 15/16.

The following points were raised in discussion:

Virginia Patania expressed that as a CCG this should be challenged in the strongest sense and that there was a strong case to take this forward factoring in deprivation. She advised building a really strong case that demonstrates the funding model is detrimental to patient care. Henry Black pointed out that, owing to the complex nature of the national funding formula it would be very difficult to prove that the formula is flawed. However, it would be a useful exercise to build on the work already carried out locally around Primary Care funding,

particularly in relation to deprivation, and to reflect this analysis into the CCG allocation formula.

Members noted the item and supported Henry Black's proposal to commission an additional piece of local research.

3.2 Primary Care Co-commissioning Application

Rahima Miah presented the agenda item explaining that the purpose of the report is to update the Governing Body on the proposal that was submitted to NHS England on 9th January and for the Governing Body to approve all of the draft governance documents which were used as supporting documentation as part of the submission.

The Governing Body were asked to note the next steps and timescales for co-commissioning and approve the following documents.

- Terms of Reference for the Primary Care Committee
- Amended CCG Scheme of Delegation
- Model Delegation from NHS England
- Amended CCG Constitution
- Conflicts of Interest Policy

It was explained that over the next couple of months, that a piece of work was being undertaken to decide what functions sat at NHSE, WEL or the CCG.

The following points were raised in discussion:

There was concern that establishing the Primary Care Commissioning Committee would result in primary care strategy being detached from the rest of the CCG. Charlotte Fry explained that strategy, shaping and development will still include all stakeholders and that strategy will be set by the broader CCG membership. The process of scrutiny and decision making will be made by the Primary Care Commissioning Committee but this will be informed.

Dr Isabel Hodgkinson suggested referring to the Primary Care Committee as a subset of the Governing Body rather than sub-committee as the legal responsibility remains with NHSE.

It was confirmed that the current proposal includes 2 x CCG GPs as non-voting members. Virginia Patania requested if this could be updated to 2 x CCG General Practice Representatives as this would allow broader representation.

➤ **Action: Rahima Miah to look into possibility of updating PCC ToR**

Cate Boyle informed the meeting that it was assumed that all members had read the various governance documents that approval was being sought and asked if the Governing Body members approved all documents.

All members of the Governing Body **approved** the following documents, **subject** to NHSE and membership approval: Terms of Reference for the Primary Care Committee, Amended CCG Scheme of Delegation, Model Delegation from NHS England, Amended CCG Constitution and Conflicts of Interest Policy.

3.3 CHS Re-procurement Update

Nigel Woodcock presented the CHS Re-procurement paper. He gave an overview of services that are being procured, the engagement process, the methods of procurement and the procurement timeline, explaining that the programme is on track.

The following points were raised in discussion:

- Maggie Buckell praised the programme as a good example of a clinically-led procurement.
- Dr Isabel Hodkinson wished to raise concerns as the Governing Body lead for Informatics:
 - Lack of conversation relating to the interoperability of IT systems.
 - Lack of join-up with wider WELC enablers programme that needs urgent addressing.
- Nigel Woodcock assured the Governing Body that IT was a key workstream which has been assigned to the CSU senior lead.

Jane Milligan asked members if they approved process and direction of travel. Subject to the points raised by Dr Isabel Hodkinson being addressed, the Governing Body approved the process and the direction of travel.

- **Action: CHS team to pick up IT issues raised by Dr Isabel Hodkinson**

4 For information

4.1 Audit Committee Summary

No further comments were raised. Members noted the item.

4.2 Transformation and Innovation Committee Summary

No further comments were raised. Members noted the item.

4.3 Finance, Performance and Quality Committee Summary

No further comments were raised. Members noted the item.

4.4 Locality Board Summary

No further comments were raised. Members noted the item.



4.5 Executive Committee Summary

No further comments were raised. Members noted the item.

4.6 Equality and Diversity Committee Summary

No further comments were raised. Members noted the item.

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#2	Archna Mathur is establishing process for arranging a Board to Board meeting.	AM	March 2015	Ongoing
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	Colorectal deep dive undertaken in February, to review a number of pathway and performance issues – part of a wider review
Jan#1	Further discussion regarding concerns to be picked up at session with CAG Director and to link conversation with the Great Expectations Programme.	AM / ML	Feb 24 2015	OD session 24/2/15
Jan#2	Scorecard to be discussed at future SMT with view to update metrics.	JP	Mar 2015	Discussed at SMT 2/2/15 – scorecard under review
Jan#3	Archna Mathur to discuss with Dr Tania Anastasiadis suitable comparative cancer data for GPs	AM	Ongoing	Ongoing
Jan#4	Jane Milligan to invite Virginia Patania to attend a Stepping into the Future Gold Meeting.	JM	Jan 2015	Actioned
Jan#5	Follow up safeguarding issue raised by interviewer re: integrated care.	Julie Dublin	Feb 2015	Ongoing
Jan#6	Rahima Miah to look into possibility of updating PCC ToR	RM	Feb 2015	ToR updated
Jan#7	CHS team to pick up IT issues raised by Dr Isabel Hodkinson	LM	Feb 2015	In progress