

Enclosure B



**Tower Hamlets
Clinical Commissioning Group**

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

Tuesday, 07 July 2015, 14.30 – 17.15

Room 205, Professional Development Centre,
229 Bethnal Green Road E2 6AB

1 General Business

1.1 Welcome, introductions and apologies

1.1.1 Present

Name	Role	Organisation
Jane Milligan	Chief Officer	NHS THCCG
John Wardell	Deputy Chief Officer	NHS THCCG
Dr Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice	NHS THCCG
Mr Tan Vandal	Secondary Care Specialist Doctor	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Dr Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Dr Martha Leigh	LAP 4 representative – Wapping Practice	NHS THCCG
Dr Haroon Rashid	LAP 2 representative – Albion Practice	NHS THCCG
Dr Osman Bhatti	LAP 7 representative – Crisp 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
Maggie Buckell	Registered Nurse	NHS THCCG
Abigail Knight	Acting Associate Director of Public Health	LBTH

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Quality and Performance	NHS THCCG
Justin Phillips	Governance and Risk Manager	NHS THCCG
Ellie Hobart	Deputy Director of OD and Engagement	NHS THCCG
Charlotte Fry	Commissioning Support Director	NEL CSU
Lee Eborall	Director of Acute Contract Management	NEL CSU

1.1.3 Apologies

Name	Role	Organisation
Cate Boyle	Vice Chair - Lay Member (Patient and Public Engagement)	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Dr Shah Ali	LAP 8 representative – Barkantine Practice	NHS THCCG
Dr Somen Banerjee	Interim Director of Public Health	LBTH

Robert McCulloch-Graham	Corporate Director	LBTH
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1.1.5 [Welcome](#)

Dr Sam Everington welcomed members and attendees to the Governing Body meeting part I. Apologies were received for: Cate Boyle, Mariette Davis, Dr Shah Ali, Dr Somen Banerjee and Robert McCulloch-Graham.

1.2 Declaration of Interests

Dr Sam Everington asked Members for any declarations of interest. No 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> or is available from the Governance and Risk Manager: justin.phillips@towerhamletsccg.nhs.uk

1.3 Questions from the Public

Questions from the public were received prior to the Governing Body meeting and were addressed at the meeting by Dr Sam Everington, John Wardell and Henry Black:

1. Given the large losses our surgeries expect over the next seven years, how does the CCG plan to secure the long-term future of all our GP practices and the services they provide?

"We have done a lot of work already develop a longer term plan that addressed the sustainability of primary care and we will be working with primary care and patients to further refine and co-create a strategy that we can roll out over the next two to five years. This long term strategy will need a completely new approach to delivering care with primary care taking on a bigger role in the future so we can build on the success we have had over the last four years. With the development of the various programmes in Tower Hamlets we have a fantastic opportunity for care to be provided at a greater scale. The long term future for primary care is an exciting one, with much transformational change required to ensure its sustainability, but we have an absolute commitment to deliver it."

2. What contingency plans does the CCG have in place in case any of the large practices close – given that any closure would have a major impact on all the surrounding practices?

"At this stage we are not anticipating a large scale practice closure and we will be doing everything we can to stop this happening. However, in reality practices are "small businesses" and as such they may make the decision to close or a partner may decide to move on for a whole variety of reasons'. In this unlikely event we would work with the practice and NHS England to manage any closure in an appropriate way and to ensure a safe transition. We are very lucky in Tower Hamlets having such a strong and resilient system, with primary care networks and a culture of support that crosses organisational boundaries."

3. Given the very real possibility that some of the worst-hit practices (for example, the Limehouse Practice in Gill Street) face closure within months if nothing changes, what will the CCG do in the extremely short term to protect these practices?

“We are working very closely with NHS England and as a result of these discussions we are close to agreeing a series of measures to support those practices in most need. The financial support being offered will be under strict criteria which will not just look at the amount of money any practice is losing but the overall impact on that practice’s viability, which will vary between practices. It is important to understand this doesn’t necessarily mean that all practices who have lost the minimum practice income guarantee would qualify for support if they don’t meet the essential criteria. It is worth stating again that we are not expecting any closures and all our focus at the moment is on identifying a solution that can bridge the gap between now and the implementation of our primary care strategy.”

4. Given that the emergency funding for Jubilee Street and Albion Health (the latter still being finalised) is for only two or possibly three years, what will the CCG do to protect these practices when the funding runs out?

“The government is currently planning to introduce a new practice funding formula from April 2017 to replace the Carr-Hill formula which has been shown not to adequately compensate for deprivation. This is why the package we are currently discussing with NHS England covers the next 2 to 3 years. We are playing an active role in the way the new formula is developed and in the meantime, the other piece of work we are doing locally to cover the medium term will help practices get the most out of their existing resources and optimise their efficiency.

Tower Hamlets Clinical Commissioning Group is wholeheartedly committed to supporting general practice and ensuring a sustainable future for primary care in Tower Hamlets. As a clinical commissioning group we are acutely aware that the future of effective and sustainable health services, which can meet the challenges of the 21st century, is dependent upon having dynamic and vibrant primary care provision. That is why primary care is a key focus of our strategic planning for the next 5 years and why we will do our utmost to support the practices that are delivering high quality services to Tower Hamlets residents.”

1.4 Chair’s report

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

- Care Quality Commission Inspection Reports for Barts Health NHS Trust
- Prime Minister’s Challenge Fund
- Tower Hamlets Integrated Provider Partnership (THIPP)

Members noted the Chair’s report.

1.5 Chief Officer’s report

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

- One Year Cancer Survival Rate
- Annual General Meeting

Members noted the Chief Officers report.

1.6 Minutes and matters arising of the meeting held May 5th 2015

1.6.1 [Minutes](#)

The minutes for the Governing Body May 5th 2015 part I were approved as an accurate record of the meeting.

1.6.2 [Matters arising](#)

The matters arising were reviewed with outstanding actions carried forward.

1.7 Patient Story

Abul Miah, a local patient with Duchenne Muscular Dystrophy told his story on the experience of Barts Health Trust services as a patient receiving last years of life care. He is a triplet who sadly lost his siblings in 2009 to the same condition. He has since made an informed choice to seek healthcare from an alternative provider, otherwise managing his care in his own home with carers and family support. Abul speaks of the importance of joined-up, holistic care and 'being treated like a person' who is fully informed throughout the journey of healthcare.

In the same video, Abu Mumin shares his experience of losing his mother who also received end of life care. Spiritual/cultural sensitivity and strong engagement with staff through to the community are key messages to providers and commissioners to improve the experience of both patients and carers affected by Last Years of Life care. Abu has since initiated Eden Care, a local charity supporting people through the last years of their or their loved ones lives.

2 Performance and Operations

2.1 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:

Archna highlighted that the CCG is in the process of issuing a contract performance notice (CPN) as a contractual lever relating to the Trust's ongoing position on the Cancer, RTT and A&E standards and that also the CCG are awaiting the Trust's responses on their remedial action plans (RAPs).

The Trust achieved the Cancer 2 week wait (2ww) standard for March with performance of 95.9%. As compared to February, where the 2ww was achieved for the first time since April 2014, performance RLH site dipped in March to 92.9%. The dip in 2ww performance at the RLH site is again due to speciality level underperformance, colorectal, head and neck, lung and urology. 62 Day performance was 81.9% for March an improvement from 75.6% in February against an 85% target which is in line with trajectory. 31 day from decision to 1st

Treatment was achieved for March at 97.66%. All other 31 standards were met at Trust level.

A&E: Barts Health has failed to achieve on the all types 95% standard for Q1 at 89.30%. Year to date performance into 201516 is also fragile with overall performance at 85.57% and RLH performance 82.96% for all types.

Referral to Treatment (RTT): Barts Health continues to underperform against the national waiting time standards at speciality level. The Trust are currently not reporting on RTT although monitoring via the CCGs/TDA continues.

The following points were raised in discussion:

Mr Tan Vandal expressed that he had continued anxiety relating to the cancer and non-cancer targets and that they were not really moving in any positive position. He queried if this was as a result of lack of understanding, ability or capacity. Archana Mathur stated that the CQC had also picked up the issue of the inability to meet national standards and Jane Milligan expressed that she thought the issues were due to capability and capacity.

Jane Milligan queried that given the new site level governance structures if the CCG needed to reconsider how we interface with the Trust ie does there need to be a change in CQRM membership. Archana Mathur explained that the CQRM's ToR are inclusive and that going forward, consideration of attendance has been applied to ensure the right level of clinical engagement as per the CQRM forward planner.

Members noted the item.

2.2 Royal London Hospital – CQC Update

Dr Simon Harrod, a consultant anaesthetist, introduced himself as the newly appointed Chief Medical Officer of the Royal London Hospital (RLH), Barts Health. He opened up the meeting to questions relating to the RLH CQC action plan and improvement plan.

Mr Tan Vandal asked how the RLH intends to develop engagement between management and clinicians and additionally with primary care practitioners to ensure the CQC action plan is realised and to drive the overall delivery of good quality care. Dr Simon Harrod stated that historically there had been a suspicion of a lack of communication and transparency between clinicians and managers but that going forward that this would not be the case now that the right people had been recruited to the right posts. He highlighted the good work that is being achieved as part of the Stepping into the Future programme and that staff across a range of disciplines were getting together to drive this forward. It was also noted that the new interim Chief Executive did not want management consultants to design the programme of improvement but would use the expertise from the 'shop floor' such as nursing staff.

Maggie Buckell requested further clarification on the safer staffing level work and the Trust's recruitment strategy including the work plan to address the issues of staff low morale. Dr Simon Harrod explained that staff morale varies considerably between the different services and sites and he highlighted work was being developed to address this; affordability of living on central London; new ways of working to be child and family friendly; ways of reducing agency staff spend; ways of increasing permanent staff numbers on education programmes and that work needed to be done to address the shortfall of junior doctor recruitment.

Dr Isabel Hodgkinson stated that she is concerned with the underpinning informatics as a key enabler to the improvement plan. Dr Simon Harrod agreed that IT systems were outdated and not fit for purpose and that the interim Chief Executive was looking into the possibility of separate funding to update the IT infrastructure to address the ongoing problems.

Dr Victoria Tzortziou-Brown explained that there is a tendency for organisation in crisis to be very introspective and there is a need for a system wide approach such as that employed by the Integrated Care Programme where a portfolio of providers work collaboratively to come up with solutions. Dr Simon Harrod stated that the Barts Health are very committed to work with all the relevant agencies to drive improvement and that additionally more patients were needed to be part of this process.

Dr Martha Leigh asked how Barts Health will ensure a bottom up patient-centred approach to improvement delivery. Dr Simon Harrod stated that the Trust is committed to a programme of solution engagement encouraging clinicians, non-medical staff and patients to attend. Simon explained that historically some problems could be attributed to the on-going changes in team structures and that the recent site specific operational management should now hopefully free up capacity within the Clinical Academic Groups.

Jane Milligan queried how the Trust will be providing the CCG with the necessary assurance relating to the RLH CQC action and improvement plan and where the CQRMs fit into this process. Dr Simon Harrod stated that the CQC action plans and improvement plans were nearing being signed off and will be shared. It is important that CQRMs going forward will address CQC themes but build on these to be better.

- **CQC Action Plan and RLH Improvement Plan to be circulated to the Governing Body.**

Jane Milligan, Sam Everington and Abigail Knight left the meeting to attend a Local Authority meeting. John Wardell chaired the remainder of the meeting. The meeting was still quorate.

2.3 Finance and Activity

2.3.1 [Finance report month 2](#)

Henry Black presented the month 2 Finance Report. The key areas to note:

As at the end of May (Month 2), the CCG is on plan to deliver its targeted surplus of £11.7m, however, at this early stage in the year the Month 2 Finance report is subject to a number of caveats regarding availability and accuracy of data and therefore should be read and interpreted in this context.

The CCG have been required to submit our operating plan to deliver a surplus of £11.7m, which is higher than the minimum 1% business rules. This is a result of a request from NHSE to increase our surplus by an additional £2.3m, however we still have sufficient resource to meet all of our recurrent and non-recurrent identified expenditure plans and this does not represent a risk to delivery of any of our statutory duties.

In 15/16 Tower Hamlets CCG has been able to secure £4.5m of the previous year's surplus for use in 2015/16.

2.3.2 [Activity report month 2](#)

Lee Eborall presented the month 2 activity report. The following highlights were reported:

The CCG is forecasting a Year End Surplus of £11.7m which is in line with its financial plan for 2015/2016. The main components being: Barts £0.3 million overspend, non-acute has reported a £0.5 million overspend, corporate has reported a £0.2 million overspend and minor overspends and underspends across the SLA Portfolio.

The following points were raised in discussion:

Dr Isabel Hodkinson queried as per the figures outlined in the primary care co-commissioning budget report, if money was lost from practices and not from the local health economy. Henry Black explained that work was underway to better understand the primary care co-commissioning budget data provided by NHS England and he will update at a future Governing Body meeting.

Members noted the item.

2.4 Board Assurance Framework

Archna Mathur presented the Board Assurance Framework 2015/16 version 1 to the Governing Body explaining that the framework had been updated to reflect changes in programmes of work in the CCG. It was requested that Governing Body members familiarise themselves with those risks that link with their work streams and that where they sit on committees, that they ensure that appropriate controls are developed for the high level organisational risks.

Virginia Patania and Dr Isabel Hodkinson thought that the Board Assurance Framework should detail the high level informatics and urgent care risks. Archna Mathur requested that the risks are forwarded to Justin Phillips for discussion at a future SMT meeting.

Members noted the item.

Break

3 Commissioning and Strategy

3.1 Medicines Management Annual Report 2014/15

Moira Coughlan presented Medicines Management Annual Report 2014/15 to the Governing Body. The key areas to note were:

The Primary care prescribing spend for 14/15 is £29,028,613 against an allocated budget of £29,018,743 (an overspend of £9,870). This has been achieved against an increase in the total number of patients of 4.1% and an increase in the number of prescription items by 4.8%. The drugs element of the prescribing drugs budget is forecast to have grown by 3.8% in the last 12 months. There were significant increases in Category M prices in Q3 and 4.

Delivery of Commissioning Strategic plans: The team has been able to over-deliver on both scriptswitch savings and reducing the prescribing of 'specials' medicines, and have managed to reduce growth in two elements of oral nutritional prescribing.

Innovations: In a joint initiative between Barts Health NHS Trust and Tower Hamlets Medicines management team, asthma reviews were undertaken by specialist pharmacists in GP practices, to improve management of asthma in accordance to national guidelines and standards of care. Other innovation include developing a new electronic Tower Hamlets formulary which is a one stop electronic tool that incorporates both up-to-date National information and localised formulary decisions to support our clinicians.

Engagement: The TH MMT has had excellent engagement with clinical and non- clinical practice staff at education events and at practice and network levels. The team received positive feedback from these events. Patient engagement has always been considered vital in understanding the needs and improving outcomes for patients. The TH MMT has also started work on engaging with patients on areas such as asthma and will continue to develop this and extend into areas such as waste and nutrition.

Acute work. The TH MMT raised a significant number of High Cost Drugs challenges. £507,950 of these challenges were accepted for 2014/15. The team also reviewed Individual Funding Requests and Tickbox forms applications.

Restructure of the Medicines Committee The creation of Barts Health by merging 3 hospital sites in East London created the need for a review of how medicines decisions are made across the 3 local CCGs. Towards the end of 2014/15 TH, Newham and Waltham Forest agreed to work together to develop a WEL Medicines Committee. The focus of this group is to review the impact of medicines in primary care.

The following points were raised in discussion:

Dr Osman Bhatti queried if there was a good uptake of EPS across the membership as there are still many ongoing issues. Dr Isabel Hodgkinson stated that practices should resist request from pharmacists for paper prescriptions and refer them to the CSU IT team.

Virginia Patania highlighted the recent article in Pulse regarding the £15 million fund for practices to pilot practice pharmacists and thought this would be a good area for Tower Hamlets to explore given the current difficulty with GP recruitment. Moira Coughlan stated that she would be happy to support any applications for funding. John Wardell stated that this complemented the Integrated Care work, integrating pharmacists into the wider team.

Members noted the item.

3.2 Transformation and Innovation Committee Update

Maggie Buckell presented the Transformation and Innovation Committee Update. The key areas to note:

Digital Mental Health

The Digital Mental Wellbeing Pilot Project aims to set up an online platform to provide 24 hour mental health peer support in London. THCCG has agreed in principle to act as the lead commissioner for the service with 33 London CCG's and 32 Local Authorities committing to funding £33k.

Darzi Fellow Business Case

The business case outlines the rationale for requesting £35k funding for the appointment of a Darzi Fellow in 2015/16. The key essence of the Darzi Fellow role includes:

- lead on engagement of professions and bridge communication between service users and providers in integrated care, in particular Integrated Personalised Commissioning (IPC)
- lead on the culture change required to deliver CCG's agenda on personalisation as part of IPC. The learning from the can be broadened to wider IC work.

Finance fed back that there are sufficient funds to pay the £35K in 15/16. An agreement in principle was presented on the basis that the CCG could have input in the recruiting process. The Deanery has since confirmed that the CCG will be able to lead interviews and select the suitable candidate.

Barts Biosensor Project

Barts Health requests £470k (10% of total investment) from the CCG to support the trial of a new innovative technology that has the potential to transform productivity and patient pathways. Barts reported that analysis indicates a minimum potential net cost savings to Barts Health of £6million on a full year basis once rolled out if successful. However, the committee agreed that although the technology is impressive, there are concerns that it will not deliver the outcomes as indicated. It was suggested that Barts target trials in 3 to 4 specific areas and provide clinical re-assurance that patients would be discharged earlier with the device.

The following points were raised in discussion:

Virginia Patania queried why the social prescribing proposal was not approved by TIC. It was explained that the proposal was deemed to be too expensive but the CCG was committed to go back and look at how this could work in the future.

- **Josh Potter to circulate social prescribing brief to the Governing Body members.**

Members noted the item.

4 For information

4.1 Audit Committee Summary

No further comments were raised. Members noted the item.

4.2 Finance, Performance and Quality Committee Summary

No further comments were raised. Members noted the item.

4.3 Equality and Diversity Committee Summary

No further comments were raised. Members noted the item

4.4 Executive Committee Summary

No further comments were raised. Members noted the item.

5 Questions from the public

No further questions were raised.



6 Any other business

No additional items were raised by members.

End

Matters arising

Action reference	Action	Lead	Due Date	Update
July#1	CQC Action Plan and RLH Improvement Plan to be circulated to the Governing Body.	JP	Aug 2015	RLH CQC action plan and improvement plan on Governing Body agenda for September.
July#2	Josh Potter to circulate social prescribing TIC brief to the Governing Body members.	JoP	Aug 2015	A business case went to the Integrated Care Board to introduce a borough wide social prescriber, and was approved. This will now go to the TIC in September for approval.
Jan#2	Scorecard to be discussed at future SMT with view to update metrics.	JP	TBC	Discussed at SMT 2/2/15 – to be discussed after the NHSE CCG assurance scorecard is developed.