Enclosure B

NHS
Tower Hamlets
Clinical Commissioning Group

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

Tuesday, 05 July 2016, 14.30 – 17.00

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

1.1.1 Present

Name	Role	Organisation
Sam Everington	Chair – LAP 6 representative – Bromley By Bow Practice-(Chair)	NHS THCCG
Noah Curthoys	Lay Member	NHS THCCG
Mariette Davis	Lay Member (Governance)	NHS THCCG
Maggie Buckell	Registered Nurse	NHS THCCG
Tan Vandal	Secondary Care Doctor	NHS THCCG
Jane Milligan	Chief Officer	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Simon Hall	Director of Commissioning	NHS THCCG
Victoria Tzortziou-Brown	LAP 3 representative - Principal Clinical Lead	NHS THCCG
Sarit Patel	LAP 4 representative	NHS THCCG
Linda Aldous	Practice Nurse representative	NHS THCCG
Isabel Hodkinson	LAP 5 representative - Principal Clinical Lead	NHS THCCG
Judith Littlejohns	LAP 1 representative – The Mission Practice	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG

1.1.2 In attendance

Name	Role	Organisation
Archna Mathur	Director of Performance and Quality	NHS THCCG
Ellie Hobart	Deputy Director of Corporate Affairs	NHS THCCG
Deane Kennett	Assistant Director of Acute Contract Management	NEL CSU
Andy Nuckcheddee	Governance Lead (Interim)	NHS THCCG
Carrie Kilpatrick	Deputy Director of Mental Health & Joint Commissioning	NHS THCCG & LBTH
Caroline Billington	Commissioning Manager, Mental Health & Joint Commissioning	NHS THCCG & LBTH
Shirley Greenaway	Director at Shirley Greenaway LTD (observer)	Shirley Greenaway LTD

1.1.3 Apologies

Name	Role	Organisation
Denise Radley	Corporate Director	LBTH
Imrul Kayes	LAP 2 representative	NHS THCCG
Osman Bhatti	LAP 7 representative	NHS THCCG
Ali Shah	LAP 8 representative	NHS THCCG
Somen Banerjee	Director of Public Health	LBTH

Lee Eborall	Director of Acute Contract Management	NEL CSU

1.1.4 Welcome

Sam Everington (SE) welcomed members and attendees to the meeting and declared the meeting was quorate. Apologies were received from Somen Banerjee- LBTH, Denise Radley- LBTH, Ali Shah- LAP 8 GP member representative, Osman Bhatti- Lap7 GP member representative, Imrul Kayes- LAP 2 GP member representative and Lee Eborall- Director of Acute Contract Management. The Governing Body (GB) noted the apologies for absence received as above and recorded.

1.2 Declaration of Interests

SE asked Members for any declarations of interest relating to matters on the agenda. No additional 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 Report of the Chair

SE informed the meeting that it has been announced today that junior doctors have voted to reject the government's offer on their new contract despite several weeks of negotiations.

SE reported back that the Annual Health Conversation Event held at St Pauls Old Ford near Roman Road Market on 21 May 2016 was a well-attended event which brought together a number of key stakeholders and local people providing feedback on the health services that the CCG commissions on their behalf. SE expressed his profound thanks to Ellie Hobart and her team for organising this successful event.

Dr Isabel Hodkinson (IH) asked if the CCG members have had the opportunity to comment on the revised Health and Wellbeing Board Strategy. It was noted that Denise Radley (DR) from London Borough of Tower Hamlets was not available at this meeting to provide feedback on the engagement process for the strategy. It was agreed by Simon Hall (SH) that the latest version of the HWBB Strategy will be circulated to the GB members.

The Governing Body members **NOTED** the contents of the Chair's Report.

1.4 Chief Officer's Report

Jane Milligan (JM) introduced her report by expressing her thanks to Richard Quinton, interim Director of Transformation who was due to be leaving the CCG in the beginning of July 2016. The Chair said that he would be formally writing to Richard to thank him for his immense contribution and to wish well for the future.

JM informed the meeting that the CCG held interviews to appoint to the position of lay member for Public and Patient Involvement. This position has been vacant since the departure of Cate Boyle. JM was pleased to inform the GB members that Julia Slay has been successful and has accepted the position. Julia is a Programme Manager and Senior Researcher in Social Policy, with over six years' experience working in one of Britain's leading think tanks, the New Economics Foundation (NEF). During her time with NEF Julia

has also held positions as Acting Head of Co-production and Co-production network coordinator where she worked to grow NEF's impact in increasing public participation and control in public services. Julia is currently a part time fellow on the Clore Social Leadership programme, combining her NEF role with training, secondments, research, coaching and action learning. JM mentioned that the CCG is delighted to have Julia joining us and the experience she brings with her and she hopes that the Governing Body members will join her in welcoming Julia to the CCG. An induction programme has been organised.

JM briefly noted that the Health and Well Being Board (HWBB) meeting took place on 21 June 2016. Its terms of reference and membership were reviewed and approved. The Chair of the CCG, Dr Everington has been nominated as the Vice-Chair of the HWBB and also, the Borough Commander of the Met Police and a number of other Directors have become new members.

JM updated the meeting on the progress to date on the Sustainability and Transformation Plan (STP) and that the recent organisational development session feedback on the STP Engagement event was provided. SE would like it formally noted in the minutes, JM's contribution and leadership on what has been a very challenging and difficult project to work on.

The Governing Body Members **NOTED** the contents of the Chief Officer's report.

1.5 Patient Story – Personal Health Budgets (PHBs)

Victoria Tzortziou-Brown (VT-B) introduced the video that focused on a family whose lives improved significantly as a result of having a PHB. The health and social needs of the parents and their child who has special needs improved markedly due to the flexibility and control offered through PHB's. The child has a diagnosis of Jeune's disease, is a rare genetic disorder that affects how a child's cartilage and bones develop.

The parents were able to articulate the difficulties that they had previously experienced before the introduction of PHBs and how this has started to transform their lives and most importantly, that of their child. PHB has empowered the parents to work collaboratively with a number of health workers to improve the outcomes for their daughter, her development and her social skills to interact with others through British Sign Language which the Community Nurses were received specific training on.

VT-B informed the GB members that one of the benefits of PHB is that it provides the flexibility of educating and training healthcare professionals so that they are equipped to meet the specific needs of service users. This allows for both flexibility and continuity of care which are important with patients who have highly complex medical and nursing needs.

SE noted that NHS England (NHSE) would like to see similar stories given that TH CCG is in the pilot scheme for Integrated Personal Commissioning (IPC) and therefore, would be keen to see how as a pilot site, we are able to tailor care packages that meet very demanding and complex needs of patients as demonstrated in the video.

Mariette Davis (MD) questioned how the CCG would be able to sustain the funding under PHB. VT-B mentioned that the funding streams are both health and social care and some of the schemes are not that expensive. However, she advised caution given that we are still at pilot stage and that further discussions would be required as to how the scheme would be applied in the future. IH noted that the national pilot scheme started in 2013 and the current findings are that these schemes work better for children and young patients with high dependency.

Both JM and SH commented that personalisation and health budgets needs to be linked with social care for better integrated care to improve outcomes.

The GB members expressed their gratitude and thanks to the family for sharing their experiences of PHB.

1.6 Minutes and Matters Arising of the Meeting held 3 May 2016

1.6.1 Minutes

It was noted that Henry Black would correct paragraph 2 of the section 2.1.2 of the minutes on page 10. The rest of the minutes for the Governing Body meeting of 3 May 2016 part I were **APPROVED** as an accurate record of the meeting.

1.6.2 Matters arising

The matters arising were **NOTED** with outstanding actions carried forward.

2 Performance and Operations

2.1 Finance and Activity

2.1.1 Finance Report Month 12

Henry Black (HB) introduced the month 2 Finance Report 2016/17. He informed the GB members that at the last GB meeting he briefed the meeting on the budgets and financial planning cycles. The CCG's budgets have been prepared from the 5 year financial planning work that has been undertaken. The 2016/17 budgets have been compiled to meet the required business and planning rules of NHS England. The NHS Business planning rules recommend a requirement of 1% surplus. However, the CCG is planning to deliver a surplus of £11.9 m, in excess of 3%. 0.50% is currently allocated to contingency planning.

Each year the CCG is required to hold a 1% non-recurrent reserve, which in previous years had been used for non-recurrent investments. However, this year the CCG has been advised by NHSE that this figure is held in reserve unallocated at the start of the year, as it may be needed to help the local health economy. The CCG is not allowed to use these funds. This is currently a requirement on NHSE from Her Majesty's Treasury and a decision, as to whether to allow the release of the 1% will be made later in the year once the financial projections of the local health organisations are much clearer.

If the overall picture deteriorates from the initially agreed planning, Tower Hamlets CCG will be required to hold the 1% unallocated at the end of the year thus increasing its surplus to offset pressures elsewhere as opposed to making payment direct to any provider organisation.

HB informed the GB members that Barts Health NHS Trust is expected to receive a run rate in line with what they need. In this respect, the CCG will have to use 1% of its reserve to support Barts Health.

HB also informed the GB members that as at end of May 2016 (Month 2), the CCG is on plan to deliver its projected surplus of £11.9m. However, HB advised caution in that, 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.

MD asked if the CCG will be having discussions with NHSE regarding the funding allocated to primary care commissioning given that there is a funding gap of £0.5m in the current allocation that has been received. HB informed the GB members that unfortunately, the CCG will to manage this gap in funding by balancing with the overarching corporate budget.

The members **NOTED** the report.

2.1.2 Activity Report

Deane Kennett (DK) presented the Activity Report and confirmed that the CCG has a forecast of £11.9m which is line with the financial plan for 2016/17.

DK mentioned that the Acute sector is currently forecasting an overspend of £4.3m which is mostly attributed to Barts Health Care. However, this is offset with underspends at Homerton NHS Trust by £70k and £89k at Guys'. But it was important to note that this underspend forecasts are based on Month 1 actual activity. Having said this, DK also informed the GB members that a breakeven position was reported throughout most of 2015/16.

The Non-Acute including primary care is forecasting a £1.3m underspend, which is related to the mental health contract with East London Foundation Trust (ELFT). DK informed the GB members that this position will be revised in M3 following feedback from the budget holders as part of the next monthly finance review meetings.

As it currently stands, the corporate service is forecasting a break even position.

DK briefed the meeting that the Barts Health (Acute) contract was signed by the Trust on 13 May 2016, however, agreement was reached in April over the contractual terms and conditions. As it currently stands, The CCG's Finance team are forecasting an overspend of £4.5m based on the data received on month 1 from Barts Health. Critical care spend was unusually high in month 1, the North & East London Commissioning Support Unit (NELCSU) has raised this as a challenge. It is expected that the Trust will commit to rectifying this position in Month 2 reporting.

In brief, DK also informed the meeting that ELFT continues to meet the majority of contractual requirements. Continuing Health Care is assuming a break-even at Month 2 across Non-Acute contracts. DK advised that GB members that it is too early in the financial year to rely on the data at Month 2 for any realistic or robust forecasting.

IH commented that historically, Barts have not recovered the Patient Transfer Service. DK noted that the situation remains tight until we get to draft starting point on the PBR rules and then, Barts will be in a position to refine months 2 & 3 forecast. As it currently stands, in year savings is not easy to predict.

IH further noted that at the last Prescribing Committee meeting, it was agreed that the CCG should make a stand on the non-prescription of drugs that could be bought over the counter and this will help to reduce the drugs expenditure and thereby, improve the CCG's financial position.

A discussion took place on the drugs expenditure and JM noted that this could be a topic for discussion and also, for inclusion in the draft future commissioning intentions.

In addition, SE mentioned that the Public Health Department would be experiencing some difficulties and challenges in relation to funding for engagement with patients and the public.

VP informed the GB members that she has been having discussions with various organisations such as the King's Fund on raising additional funding for patient and public engagement and these discussions are bearing fruits in that there is collegiate agreement that for the PH initiatives to work effectively, robust engagement is essential.

SH noted that it would be helpful to put the message out to the public on Value Based Commissioning.

The members **NOTED** the report.

2.2 Board Assurance Framework

JM introduced the report to the GB members and that the BAF has been refreshed following the previous discussions and issues raised by the GB members.

The Executive Management Team has discussed new risks and these feature onto the BAF but it was noted that the CCG needs to implement robust business planning processes and therefore, there would be a separate Risk Register relating to the PMO function and the CCG's Planning Cycles.

AM informed the GB members that following the NHSE Assurance meeting, the CCG was overall rated as 'Good'.

Finally, AM informed the members that the CCGs' Assurance and Assessments will be similar to an Ofsted style inspection.

The Chair noted that a discussion with NHSE is required on the TST Platform so that this becomes a combined TST and thereby, placing the burden of assurance on NHSE and the CCG.

The members **NOTED** the report.

2.3 Performance and Quality Report

Archna Mathur introduced the report and noted that it provides a high level overview of quality and performance across Tower Hamlets reported for the month of February to April 2016.

Barts Heath achieved all 8 Standards in March including the standards for 2 week urgent referrals (97.92% vs. 93% target), 31 day 1st treatment standard (97.49% vs. 96% target) and standard for 62 Day GP urgent referral (86.18% vs. 85% target). However, it was noted that Tower Hamlets achieved 6 out of 8 standards in March which included the 2 Week Urgent Referral (98.74% vs. 93%) and the Standard for 62 Day GP Urgent Referral (85.745 vs. 85%). There is an underperformance in the 31Day Standard (92.5% vs. 96%) but this could relate to a data quality issue with the Open Exeter System. There were currently 11 patients waiting over 104 days (new standard compared to the previous 100 days) with robust tracking of each patient in place.

A review of the deep dives has been undertaken with the Barts Health Team to ensure consistent presentation of core data, clinician attendance and input and focus on absolute key areas of challenged performance that will also include >52 week waiters. These focus areas are: Colorectal, Lung, Head and Neck and Urology.

AM mentioned that the A&E Waiting times is currently provided into two trajectories in that CCG site specific and STF trajectory for NHSE which have not been met for the past two months. In spite of the Primary Care Extended hours, A&E is still reporting an increase in activity.

In relation to RTT, Barts continues to underperform against the national mandated waiting time standards at speciality level. The Trust is currently not reporting on RTT although monitoring via the CCGs/ NHS Improvement continues with CPN (Contract Performance Notice) in place.

The members **NOTED** the report.

3 Commissioning and Strategy

3.1 Transforming Care People with Learning Disabilities (TCPs)

Caroline Billington introduced the paper and informed the GB members that in October 2015, LGA, ADASS and NHS England published Building the right support, a national plan to reduce inpatient provision and enhance community services for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Building the right support sets out the ambition to mobilise commissioning collaborations of CCGs, NHS England specialised commissioners and local authorities across England to create Transforming Care Partnerships (or TCPs), tasked to deliver a specified national service model of good practice by March 2019. Initially the programme focused on people within ATU placements.

CB mentioned that this report sets out progress made to date in the formation of the Inner North East London Partnership Board and the development of the plan to date as well as the next steps.

The draft TCP plan was submitted to NHSE in April 2016 as planned. Following a period of further development a short list of four priorities have been identified that each local area has been asked to comment on and provide agreement (appendix 1):

1. Development and maintenance of Risk Registers that span children's and adults services in line with NHSE guidance.
2. Rationalisation of adult providers with suitable contracts
3. Pathways post to support people through transition, signpost to services and avoid crisis
4. Workforce development

In addition the Local Authority is keen to explore the opportunities presented by this strategy development to facilitate its aspiration to provide increased capacity and variety of supported accommodation for this cohort of people, and those with learning disabilities more widely, within the North East London region.

There was an initial expectation that matched funding would be made available from NHSE. However, funding has been allocated based on numbers of the cohort within inpatient care. The INEL footprint has therefore received no offer of NHSE funding but there is a likelihood of limited funding from NHS London.

The GB members were informed that the overarching aim of the Transforming Care programme is to reduce reliance on inpatient facilities and increase capacity to meet people's health needs in the community. This complements the direction of travel of Tower Hamlets CCG and recent decisions taken in relation to Learning Disabilities (LD).

As a result the CCG is well placed to meet the health-related demands within the national Service Model through the following pieces of work:

- 12 month LD Commissioning lead will enable a concentration on equity of health outcomes for people within the TCP cohort. The recent confidential inquiry into premature deaths of people with LD informed us that men with learning disabilities die, on average, 13 years sooner than men in the general population, and women with learning disabilities die 20 years sooner than women in the general population.
- A CCG-led LD health sub-group has commenced work around the on the following priorities:
    - GP Registers, Annual Health Checks and Health Action Plans
    - Long Term Health Conditions
    - Reasonable adjustments in primary care/secondary care
    - Mental Health provision for people with LD
    - Hospital Passports
    - Integrated health outcomes into commissioned social care services
- The re-procurement of the Community Learning Disabilities Service has resulted in a structure which will support specialist provision for people within this cohort. The new contract will continue to integrate the health and social care pathways to provide greater support to service users whose behaviour challenges; and, provide rapid response and outreach capacity to avoid unnecessary admission to in-patient care.

The GB members engaged in a discussion based on the presentation from CB. The Chair noted that the main issue in Tower Hamlets relating to Learning Disabilities is the lack of accommodation and housing facilities. He informed the GB members that he had been contacted by one of the councillors regarding this key issue which needs addressing in light of this report.

The members **NOTED** the report and thanked Caroline Billington for the presentation.

3.2 Commissioning Intentions 2017/18

Simon Hall informed the GB members that the draft Commissioning Intentions 2017/18 is a high level paper on investments and divestments plans that CCG is planning for the next financial year.

The CCG is required to produce commissioning intentions each year in line with the commissioning cycle. Commissioning intentions should align to and seek to deliver organisational priorities. The CCG is also required to deliver its priorities whilst closing a financial gap of £50m over the next 5 years. This paper outlines the early thinking on likely commissioning intentions for 2017/18.

The CCG commissioning directorate is tasked with developing a balanced plan between now and December 2016. This paper highlights to the Governing Body the scale of the challenge and identifies areas where it can provide support/direction

SH invited the GB members to discuss and provide comments on the draft Commissioning Intention Plans.

JM reminded the GB members that prescribing needs to come into our Commissioning Intentions as discussed earlier above.

The Chair asked if travel vaccinations would be discontinued. IH noted that the LMC has stated that travel vaccinations could be discontinued. It is not in the Red Book. The GB members agreed that a discussion with the LMC would be helpful to clarify the position on this matter.

SH noted that the GB members would be provided more information on the Commissioning Intentions during August and September.

The members **NOTED** the report.

3.3 CCG's Corporate Objectives 2016/19

Ellie Hobart informed that GB members that the Corporate Objectives have been refreshed for 2016/19. EH explained the process that the CCG underwent in revising and formulating these Corporate Objectives.

The proposed draft Corporate Objectives represents the key deliverables for the CCG during the next three financial years 2016/19. They have been designed to describe the key priority areas that the CCG's Executive Team and the Governing Body members have identified in the developmental sessions that feed into the CCG's overarching Five Year vision.

The CCG's Executive Team has been assigned corporate responsibility in ensuring that these objectives relate to the CCG in its entirety, providing the organisation with a clear direction for commissioning intentions and supporting the development of more detailed programme, team and personal objectives. The corporate objectives reflect our direction of travel as well as our obligation to fulfil our statutory duties. The objectives will be used to develop our approach to risk management, inform programme priorities and provide a framework for performance management.

EH also pointed out that the Executive Management Committee will ensure that all principal risks that may compromise the achievement of these Corporate Objectives are proactively identified and managed by the respective executive director and populated on the CCG's Assurance Framework (BAF).

It was noted that once approved by the GB, these Corporate Objectives will be published onto the CCG's website.

The members **NOTED** the report.

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 Primary Care Commissioning Committee Summary

No further comments were raised. Members NOTED the item.

4.4 Governing Body Business Cycle 2016/17

No further comments were raised. Members NOTED the item.

5 Questions from the Public

No comments or questions were raised by the attending members of public.

6 Any Other Business

No comments or questions were raised by the members.

The meeting ended at 4.45pm.

Matters arising

Action reference	Action	Lead	Due Date	Update
July 16 #1	Chair to write to Richard Quinton to formally thank him for his contribution to the CCG	SE	August 2016	Completed
July 16 #2	Simon Hall to ensure that prescribing features into the CCG's Commissioning Intentions	SH	August 2016	Completed
July 16 #3	Isabel Hodkinson to contact LMC to receive confirmation on Travel Vaccinations	IH	August 2016	TBC