Enclosure B

NHS
Tower Hamlets
Clinical Commissioning Group

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

Tuesday, 01 November 2016, 14.30 – 17.00

The Quayside Room, Museum of Docklands

1.1.1 Present

Name	Role	Organisation
Noah Curthoys	Lay Member for Corporate Affairs	NHS THCCG
Sam Everington	Chair, Commissioning Network 6 Representative	NHS THCCG
Simon Hall	Acting Chief Officer	NHS THCCG
Mariette Davis	Lay Member for Governance	NHS THCCG
Henry Black	Chief Finance Officer	NHS THCCG
Maggie Buckell	Registered Nurse Representative	NHS THCCG
Victoria Tzortziou-Brown	Commissioning Network 3 Representative	NHS THCCG
Sarit Patel	Commissioning Network 4 Representative	
Isabel Hodkinson	Commissioning Network 5 Representative	NHS THCCG
Judith Littlejohns	Commissioning Network 1 Representative	NHS THCCG
Virginia Patania	Practice Manager representative	NHS THCCG
Osman Bhatti	Commissioning Network 7 Representative	NHS THCCG
Ali Shah	Commissioning Network 8 Representative	NHS THCCG
Somen Banerjee	Director of Public Health	LBTH
Jane Milligan	Chief Officer & Executive Lead for North East London STP	NHS THCCG
Linda Aldous	Practice Nurse representative	NHS THCCG
Julia Slay	Lay Member for Public & Patient Engagement	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
Justin Phillips	Governance Manager	NHS THCCG
Sophia Beckingham	Governance Office	NHS THCCG
Jackie Sullivan	Managing Director, Royal London Hospital	NHS Barts Health Trust
Christabel Shawcross	Chair, Safeguarding Adults Board	LBTH

1.1.3 Apologies

Name	Role	Organisation
Denise Radley	Director of Adults' Services	LBTH
Tan Vandal	Secondary Care Doctor	NHS THCCG
Imrul Kayes	Commissioning Network 2 Representative	NHS THCCG
Lee Eborall	Director of Acute Contract Management	NEL CSU

1.1.4 Welcome

Sam Everington (SE, Chair) welcomed members and attendees to the meeting and declared the meeting quorate, also welcoming Christabel Shawcross (Chair, Safeguarding Board, LBTH) and Jackie Sullivan (Managing Director, Royal London Hospital, NHS Barts Health Trust).

Apologies were received from the following members of the Governing Body (GB): Dr Tan Vandal, Secondary Care Consultant; Denise Radley, Director of Adult's Services London Borough of Tower Hamlets; Imrul Kayes- Commissioning Network 2 Representative and Lee Eborall- Director of Acute Contract Management, NEL CSU. 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.

It was noted that a revised Conflicts of Register was available at the meeting and 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 gave a verbal update in addition to the items included in the report. SE, along with Simon Hall (SH), met with the Mayor of Tower Hamlets and discussed the updates on the development of the Royal London Hospital site (which will become the civic centre) formalising the arrangements of joint commissioning and agreeing a direction of travel. Both SE and SH felt the meeting was successful.

London CCG Chairs and Chief Officers met during October to discuss the changing healthcare landscape and its effects on the Healthy London Partnership (HLP) and the future role of the HLP in healthcare. The formation of STPs has highlighted some potential overlaps between items that may take place under STP and items that may take place under the Healthy London Partnership.

SE noted the voice of CCG Chairs in local media and public relations varied across London CCGs. SE also noted the appointment of Tom Coffey by new London Mayor Sadiq Khan as a senior adviser to him on Health Policy. SE informed the Governing Body that he met with Tom Coffey, and suggested the idea of a joint office for the London CCG chairs at the GLA. This could encourage integration amongst CCGs and could help ensure a similar direction of travel which would benefit the health of the local London population. Virginia Patania (VP) queried what the future of the HLP would be. SE explained that the HLP would still exist, perhaps with a changing remit if funding resource moves from HLP to STP, in order for Health and Wellbeing issues to be addressed more at STP level.

VP noted that STP could be an impediment to HLP, the Primary and Urgent Care Academy and the roll out of QI across London. VP asked if this was a risk to Quality Improvement. HB explained that different workstreams within HLP produced different levels of success and that 6 out of 30 would most likely remain, as they were successful. SH noted that Chairs and Chief Officers of CCGs were working to ensure that HLP's benefits remain and issues that had become present in the HLP would not be repeated.

Isabel Hodkinson (IS) asked how the CCG ensures that our Health and Wellbeing Board colleagues from the Tower Hamlets borough are included in these plans and discussions surrounding the HLP changes and journey. SE explained that he reports back to the Health and Wellbeing board via role as his deputy chair, therefore helping to ensure integration.

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

1.4 Chief Officer's Report

SH gave an update surrounding the current STP progress, including the draft STP which was submitted to NHS England on the 21st October for assurance. Following this publication, there will be a period of consultation with staff, patients and the public in order to listen to their views and make improvements before a final plan is developed and published in 2017.

SH informed the Governing Body that NHS England visited Tower Hamlets CCG to discuss integrated personalised commissioning (IPC). The CCG are currently working on a period of consultation and engagement with local members of the public in conjunction with the Local Authority. SH thanked the CCG and LA teams that have been working on the IPC and noted their efforts.

SH gave an update on the CCG's corporate planning and organisation development, including the 'Delivering our Corporate Strategic Priorities' programme which had recently come to an end. New tools for the CCG have been developed out of feedback from this programme. These tools, such as the new Staff Induction Handbook and the Intranet, will ensure that we are better equipped to conduct our roles as commissioners.

SH outlined the new WiFi access that practices across Tower Hamlets now have, noting that this is a key development to ensure that the boroughs' GP services remain innovative. Osman Bhatti (OB) noted that we are awaiting the outcome of funding bids for patient access in all practices to have access to Wi-Fi which will further improve the patient experience.

SH congratulated SE on becoming Vice President of the Queen's Nursing Institute.

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

1.5 Patient Story – Maternity services in Tower Hamlets

Linda Aldous (LA) introduced the patient story regarding Maternity Services, noting the excerpt is part of a longer film regarding choices for women giving birth in Tower Hamlets. The film focuses on encouraging women to engage with a range of decisions if they are low risk pregnancies, including options to give birth either at home or at the Barkantine Centre. In future, a specialised unit the Royal London will also open. LA hoped that the new unit will have its own film which can be shown to women to encourage outside-unit births. Jackie Sullivan (JS, Managing Director, NHS Barts Health Trust) explained that NHS Barts Health Trust were hoping to open the unit on the 7th November.

The Patient Story was made in conjunction with Social Action for Health and the National Childbirth Trust. Pregnant women are currently able to choose from 3 birth options – home births, births at the Barkantine Centre, doctor-led hospital services and soon the new Royal London midwife-led hospital service.

The story followed 3 patients who had birthing experiences outside of a hospital setting. Patient 1 had a homebirth and described how homebirth made the experience more positive, with the focus shifting from 'something going wrong, to things going right'. She noted the

midwives were extremely assuring and attentive. She outlined the positives of home births, including lack of childcare issues, lack of parking issues, home comforts and the excellent after care provided by the mid-wife led teams.

Patient 2 gave birth at the Barkantine. She chose the Barkantine as an alternative to the hospital. The patient explained that the Barkantine is an impressive facility and her experience was extremely positive – her room was ready when she arrived and she was made to feel comfortable and reassured. The couple felt they could not have received better care anyway else, including private facilities.

Patient 3 also gave birth at the Barkantine. She noted the facilities were fantastic and that she was able to stay with her partner: a key part of her positive birthing experience.

LA noted that only 12 births in the last quarter took place at home which is a small percentage of overall births within Tower Hamlets. VP commented that the statistic for home births in Tower Hamlets has decreased and LA noted that there is work to be done to encourage home deliveries and that this topic was discussed in the maternity committee, of which LA sits on. VP also noted that people's circumstances in Tower Hamlets often meant that they do not have the space to accommodate a home birth. Shah Ali (SA) outlined the positives of a home birth and the importance of changing the mindset of the general population – SA often encourages patients to visit the Barkantine as the facilities are world class.

SE stated Tower Hamlets is not currently meeting the national maternity target of 20% of births taking place in the community. LA noted patient experience at the Barkantine is excellent - if more women can be exposed to visits there via their anti-natal bookings, they may be encouraged to continue to visit and have future births at the centre.

The Governing Body Members **NOTED** the patient story.

Minutes and Matters Arising of the Meeting held 5 July 2016

1.3.1 Minutes

SE asked the GB members to check and confirm the accuracy of the draft minutes of the meeting held on 6 September 2016.

The minutes were **APPROVED** as an accurate record of the meeting.

1.3.2 Matters arising

The matters arising were discussed and outstanding items were carried forward.

2.0 Performance and Operations

2.1 Finance and Activity

2.1.1 Finance Report Month 6

Henry Black (HB) provided the Governing Body with the financial position of the CCG as of 30th September 2016, including the key risks and issues. The Governing Body was asked to note the contents of the report, the risks highlighted and the management action being taken to mitigate these risks.

HB noted that 2016/17 had been the most challenging since the CCG's inception – similar to many CCGs across the country. The CCG's biggest challenge has been the extent of demographic growth that the borough of Tower Hamlets has experienced in recent years. This growth has not been fully accounted for in allocations for several years to come due to the retrospective lag in funding.

HB highlighted the pressures discussed in previous years, such as the inability to access the historical surplus and the requirement to ensure 1% non-recurrent reserve - this means the CCG has no flexibility to use funds that could be present in these areas. The expenditure pressures mean the CCG have pressures on the acute budget with a forecast of £7.5million overspend overall. The majority of this overspend is at NHS Barts Health Trust, although a substantial amount sits with other providers such as Guys' and St Thomas's. This overspill of patients to other providers from NHS Barts Health Trust has been partly driven by RTT issues at NHS Barts Health.

HB informed the meeting that the CCG's Primary Care Co-Commissioning has a structural deficit. In previous years, the CCG's ability to absorb this did not pose a problem but this situation has now changed.

HB noted the issues with London Ambulance Service (LAS); CCGs have provided 2 year financial support and HB conceded that the demand pressures remain extraordinary but need to be better managed. It is likely the CCG will have a further request of £300k which has been factored in to the financial position.

The members **NOTED** the report.

2.1.2 Activity Report

Deane Kennett (DK) presented the Activity Report focusing on the areas in trusts which are driving significant overspend. The report provided a high level overview of finance and activity across Tower Hamlets for the month of September 2016 (based on August 2016 activity data). The report highlighted the key issues, current performance, key actions and a delivery RAG rating for major providers providing healthcare services in Tower Hamlets.

DK informed the Governing Body that NHS Barts Health is currently forecasting a £5.6million overspend which is being driven by key areas such as critical care, elective surgery, day surgery, non-elective activity, outpatient procedures and high cost drugs. DK assured the Governing Body members that the CSU contracts team continue to challenge areas of overspend, via means such as review audits of counting and coding practices. DK also noted that an audit on remission rates is underway and there will be a review of A&E activity at the Royal London Hospital.

DK informed the Governing Body that East London Foundation Trust (ELFT) continue to meet contractual requirements with recovery plans in place for under performance. The CHS contract (currently provided by NHS Barts Health) has been extended until December due to slippage within the procurement process. The new wheelchair service went live on the 1st November. The Community Learning Disability Service is due to go live in December and ELFT are currently forecasting an overspend of £0.3million.

Osman Bhatti (OB) highlighted the London Ambulance Service (LAS) overspend and queried the reasoning behind this. HB stated that there is an unprecedented demand on LAS. CCG Chief Finance Officers and Chief Officers received a letter from LAS executives requesting further funding to address this. HB also noted that the 111 model service is currently being reprocured across NEL and this could aid LAS in meeting its challenges. SH specified that issues with LAS would not be solved by simply injecting more funding.

AM highlighted further support the CCG is giving LAS; the CCG has been working with Tower Hamlets Together (THT) to ensure that mitigations are put in place to cap frequent callers but noted the CCG has faced challenges working with LAS in this regard. AM noted that the CCG

needs more data from LAS so a clear picture is formed before any funding is contemplated. There has been difficulty in gaining this information from LAS and AM noted that the CCG needs to be assured that LAS are effectively and optimally using the neighbouring services that have been commissioned that could help manage the pressures LAS are under. The requests for further funding have not reflected these services.

SE asked if the CCG was using the good practice from the Sutton Vanguard in regards to their recent successes with elderly patients (using the “Red Bag System”), noting that the reduced hospital stay in Sutton from 12 to 8 days was a success to learn from. AM assured the Governing Body that the CCG were already using the Sutton Vanguard’s template to improve services and that the CCG and Tower Hamlets Together (THT) have been looking at this in depth.

SE queried parts of the paper relating to the new MSK services and referrals, stating that 2 years ago the CCG sent letters asking local GPs to refer elsewhere in regards to MSK services. SE queried if this message ought to be changed in light of the new MSK service that has been commissioned. Josh Potter (JP) explained that it was likely the message ought to be changed and further noted that the new service is meant to be providing for patients earlier on in the pathway rather than those ready for surgery. If people are referring for MSK to other providers without prior work then this would need to be remedied. JP stated that he will investigate the communications surrounding the MSK services and reinforce which appropriate pathways GPs should use.

JP also suggested looking at new referrals in the new service in relation to the old service and check if clinicians are using pathways as intended, noting the historical issues of patients previously being referred in the old pathway. AM informed the Governing Body that the CCG was conducting an elective deep dive with the Royal London and would discuss further with JP. JS is happy to discuss and review the referrals and its system. AM stated that there is need at the Royal London Hospital to establish the differing pathways that each local CCG has implemented that can affect MSK services at the hospital.

SH asked Jackie Sullivan (JS, Managing Director, NHS Barts Health) when the CCG might be able to expect RTT reporting to recommence and queried if there may be a potential backlog which would pose a risk to both the CCG and NHS Barts Health. JS explained that, whilst she did not have the detail to hand, she understood the issues to be known and the validation team are currently working through the data. JS stated she would review this and report back to the Governing Body, noting the challenges affecting the Royal London Hospital and, through its work to make it more efficient and reduce patient waiting times, this has resulted in over performance and higher costs for the CCG.

IH asked JS if different priorities or levels of motivation were present in differing clinical teams in the system at the Royal London and, if so, could this be due to the different management directorate. JS noted that clinical support services are a separate board but clinical services work closely with the support services to ensure integration. JS stated the teams were working together and are joined up but there are capacity issues, particularly in areas like imaging. JS told the Governing Body that she was happy to work with the CCG to review pathways to ensure an appropriate flow of patients.

SE noted that one of the national Vanguards called Emrad had ensured clinicians can see the scans taken of patients anywhere in the healthcare pathway which would be a helpful system to emulate in Tower Hamlets. IH noted that a similar system was supposed to be implemented when Tower Hamlets moved to Choose and Book but this did not occur. JS explained that

there are pathways that go straight to test (such as cancer) but if any Governing Body members wanted to be involved in Trauma and Orthopaedics then JS would welcome this in order to improve patient experience and treatment. AM noted that the CCG does not have a clear picture regarding the demand and capacity within imaging. JS explained that the deep dive for Trauma and Orthopaedics will involve the clinicians and the teams and there would be clinical support engagement.

The members **NOTED** the report.

2.2 Board Assurance Framework

EH introduced the Board Assurance Framework to the Governing Body Members highlighting that during the month of September 2016, risk management leads had reviewed and updated the risks, controls, assurance and risk ratings.

EH explained that the likelihood of Risk 1.1 occurring had been reduced as the Finance, Performance and Quality Committee felt there was good visibility and appropriate controls surrounding the risk which translated to revised calculations. EH explained that the primary care risks had been rewritten in order to provide clarity and further detail and the primary care co-commissioning funding risk had been removed from the risk register and added to the issue log as it had been both revised and mitigated.

A new risk had been identified regarding capacity in the safeguarding team following resignations but EH assured the meeting that good mitigations are in place, with the recruitment process underway.

EH further explained that the NHS Barts Health financial position risks had been split in order to be more specific and granular. The risks are now more detailed regarding their effects on the CCG, wider health economy and the STP. EH thanked Justin Phillips (Governance Manager) for his work on the BAF.

The members **NOTED** the Board Assurance Framework and the changes to the BAF.

2.3 London Borough of Tower Hamlets London Safeguarding Report

Christabel Shawcross, Safeguarding Chair for London Borough of Tower Hamlets, (CS) introduced report and noted the departure of Brian Parrott, her predecessor, stating that the report data was compiled from the previous financial year (2015/16). CS explained that the Safeguarding Adults Board is in a key partnership with the CCG, aiming to improve Adult Safeguarding Services within Tower Hamlets and the partnership working that is taking place is extensive. The Safeguarding Adults Board (SAB) is a statutory body and the CCG is a statutory partner. This provides ample opportunity for challenge and scrutiny and CS noted the benefits this gives both LBTH and the people of Tower Hamlets.

CS introduced the data in the report, highlighting that the number of elderly people in Tower Hamlets is growing and that elderly people are the group most vulnerable to abuse. Tower Hamlets is the 4th highest in London for serious mental health issues.

CS introduced the key areas that the Safeguarding Adults Board focused on in 2015/16. Overall, the Local Authority were seen to be compliant under the Care Act. CS explained that there were issues surrounding the number of safeguarding cases which are presented before court. The number of cases that appear before court are small and the police are working with LBTH to see how this can be improved. CS speculated that this low number could be due to capacity in many areas.

CS stated that the Adult Safeguarding Board have been focussing on issues with respect to the Deprivation of Liberty Safeguards (DoLS), prevention and health and wellbeing duties. Tower Hamlets has a relatively small number of care homes within the borough but high referral rates.

CS noted the new requirements under the Care Act and where this has impacted services in Tower Hamlets. LBTH published a review which is available on their website and highlights a key area affecting services such as poor discharges from the Royal London. LBTH will be monitoring these services, after poor service resulted in the death of an elderly woman. Other high-profile cases in the borough include the death of a man with a history of drinking living in supported living who died after suffering burns in a fire caused by cigarettes. A review concluded this could have been prevented at various stages of contact with the individual. LBTH initiated a learning process by inviting the borough's Chief Fire Officer to their board to ensure lessons were learnt. CS also noted that the SAB will be looking at 2 deaths of LD people which were unexpected – this came after awareness highlighted by the Southern Health deaths.

CS noted that the demographics portrayed in the report do not marry to the local population – LBTH have noted this and are keen to review and make changes to ensure this is remedied. CS noted that improved engagement with the local population could help improve this. CS also reminded the Governing Body that November is safeguarding month and highlighted that LBTH will be doing a number of things to promote this and that engagement of the public remains a LBTH priority.

Somen Banerjee (SB) queried if the patient who passed away due to a fire caused by a cigarette was due to fake cigarettes being illegally imported and sold. Tower Hamlets has a chronic issue with fake cigarettes which are highly flammable due to the chemical mix and are a significant cause of fire related deaths. CS was not aware of the nature of the cigarettes but noted the point.

SE thanked CS for the report and the support of LBTH in safeguarding issues across Tower Hamlets.

The members **NOTED** the report.

2.4 Delivering Safe and Compassionate Care (NHS Barts Health)

AM welcomed Jackie Sullivan (JS) and introduced the update on 'Delivering Safe and Compassionate Care 2'. AM stated that the Governing Body recognises the work that NHS Barts Health Trust and the Royal London Hospital site have done to progress on the key areas which the CQC identified in their most recent report. This has resulted in many areas of positive work.

JS explained that 'Delivering Safe and Compassionate Care 2' was produced after the CQC visited NHS Barts Health trust in 2014 and rated the trust and the Royal London Hospital as inadequate. JS stated that NHS Barts Health recognised that the scale of challenge was huge and the issues for the Royal London Hospital were wide ranging but focused around quality and risk, issues regarding access, RTT, and staff feeding back morale issues (including bullying and harassment). There were also concerns around the leadership model which was clinical speciality rather than site based. JS explained that financial challenges had built up

over time – the Trust's deficit is in the region of £135million, further increased by infrastructure issues on the older sites.

JS noted key areas presented in the leadership and governance slide such as the decision taken to move to site based management structure in order to implement improvement procedures; a permanent executive team were recruited and governance structures revised in line with this. Set governance structures and procedures were implemented on each site with care taken to ensure these structures mirror each other across the sites to ensure that reporting could be comparable. JS noted that there could be issues regarding site communication and this is managed by the Clinical Academic Group. The Clinical Academic Group network themselves around sites to pull out best practice with sensible pathways and best learning – this helps communication between sites flow and mediates communication issues.

JS noted that there is more learning to be done still at the Royal London Hospital but improvements are very much underway. Alwen Williams (Chief Executive of NHS Barts Health) implemented 'Listening In To Action', a programme designed to change culture and introduce staff led change and improve morale. JS noted the success stories, in particular citing a clinic re-organisation which was suggested by front line staff and has resulted in reduced cancelations for one clinic by 60%. The 'Listening in to Action' programme encourages empowerment of staff and this has helped strengthen the new implementation of new values and behaviours. These values and behaviours focus on equality and inclusion and strengthen relations with stakeholders and JS noted the substantial support from CCG. JS highlighted that changes implemented through 'Listening In To Action' have already had an impact on morale and there has also been a marked improvement in quality. The Royal London is regularly meeting its 6 week diagnostic requirements, and is fairly regular within the 62 week cancer standard with pressure ulcers falling.

Recruitment at the Royal London Hospital has also seen marked improvements. The Royal London Hospital faced issues surrounding extensive use of agency and interim staff. Work has commenced to change this, with new permanent staff now beginning their employment. This has lessened the Royal London's reliability on agencies and JS predicted this should improve quality. JS also noted that there is currently good recruitment turnaround which has been reduced to 7 weeks after previously taking 14 weeks to hire new staff.

JS stated that the CQC are currently visiting the Royal London and are poised to produce a report which will be sent to the CCG once it has been published. JS explained that 'Safe and Compassionate Care 2' was designed to move Royal London Hospital from Inadequate to Good. 'Safe and Compassionate Care 2' has worked on changing culture to meet the CQC standards, rather than implementing a tick box exercise. Therefore, Royal London are focusing on staff engagement, leadership and staff are very keen to learn from complaints and serious incidents. JS stated that the hospital is also working towards reducing waiting times and making sure the hospital is safe. The Royal London is also working on an extensive patient engagement programme and JS noted that the maternity board is a good example of this. JS stated that both she and the Trust felt that the working relationship between the CCG and the Trust was positive and the Trust are happy to take review and comments regarding the recent work taking place.

VP noted the positive aspects of the report, the improvements made by NHS Barts Health and the impressiveness of the dashboards. VP queried the training systems which had been implemented in order to boost these changes also querying the longevity of the systems and if the Trust had worked to ensure that these good examples of training continued long after the change programme is completed. JS gave an overview of the team central to the change programme; the Transformation Team work on quality improvement and training and once these aspects have matured, these tools are shared across the trust. The team is non-clinical, and so is able to reach in and implement change and pull out once the change has become part of the culture and the teams have taken ownership of the changes. VP stated that similar training is taking place at CCG level and has worked well in ELFT and other organisations. VP felt it would be beneficial for all stakeholder groups including Barts Health, ELFT and the CCG to meet and share good practice and design regarding these tools. JS welcomed this.

SE also noted the positivity regarding the report and queried the staffing developments and recruitment issues due to financial restraints. JS stated that there were no challenges when gaining financial consent to recruit to clinical posts and noted that the Royal London Hospital has 90 new starters and have recruited 97 nurses from Philippines. JS stated that her team do review non-clinical roles if they become vacant to ensure they are financially viable and fit for purpose under the new model. MD asked, due to the high cost of living in Tower Hamlets and the lack of accommodating local housing, where the Royal London envisaged accommodating the new nurses. JS assured the meeting that the estates team are working on ensuring accommodation for the new nurses and are treating this as a priority.

AM thanked JS for the report and the recent work that NHS Barts Health has undertaken.

The Governing Body **NOTED** the report.

2.5 Performance and Quality Report

AM introduced the report and highlighted the key issues and points of recent months within Performance and Quality in the providers the CCG works with. The report provided a high level overview of quality and performance across Tower Hamlets reported for the month of August and September where data and information was available. The report highlighted key issues, current performance against NHS Constitution standards and actions taken by providers and Tower Hamlets CCG in managing the provider performance and quality portfolio for acute, community and mental healthcare in Tower Hamlets.

AM stated that cancer waiting times within NHS Barts Health Trust continued to be good with Barts Health achieving 7 out of 8 standards in August, including the standards for 2 week urgent referrals (97.7% vs. 93%); 31 day 1st treatment standard (97.61% vs. 96%) but fell short slightly against the 62 day standard GP urgent referral standard (83.1% vs 85%) with 21 breaches – AM assured the Governing Body that this shortfall was being managed with robust controls to help meet the next quarter. Of the 21 breaches, 9 were avoidable breaches, 7 were unavoidable and 5 were mixed. The majority of avoidable breaches related to gynaecology and colorectal and extra capacity has been arranged to avoid future breaches. AM explained that the trust are on track to deliver the 62 day performance standard September and for Quarter 2, resulting in 3 consecutive complaint quarters. There are 10 patients waiting over 104 days with robust tracking of each patient in place – AM assured the Governing Body that there are no major concerns with these patients at present.

AM explained that the next full day of elective deep dives was scheduled for 4 November 2016 to address cancer 62 day and 52 week wait position in challenged specialties that have an overlap with cancer and specific issues including looking at T&O and colorectal lung.

AM explained that the 18 weeks RTT PTS standard remains challenged at ELFT. A meeting was held with the Trust on the 11th October to understand the detail behind their demand and capacity plans and performance trajectory that aims for the end of December to clear the current backlog. AM assured the meeting that the CCG is working extensively with ELFT to achieve this target. AM noted that, although support is available from the CCG, this could also present a significant quality concern stating that she has been assured there is no harm to the patients experiencing long waiting times and that all patients are receiving additional care.

A&E remains challenged with Q3 position at the Royal London Hospital with an 86.08% against a trajectory for quarter 3 of 89.37%. The Royal London Hospital site needs to achieve weekly performance of 89.97% in order to hit the quarter 3 trajectory – AM explained this could be challenging. Attendances at A&E are up by 4.9% and the site is under constant pressure and bed occupancy is static at 99%. In order to assist the flow of patients, work has focussed on adhering to the current plans and maintaining A&E flow. The SAFER model has been implemented to help maintain flow of patients in ED and best practice is being implemented during discharges to reduce delayed transfer of care. The CCG and the providers in Tower Hamlets have come under advanced pressure from NHSE in regards to winter months planning. AM stated that challenges remained within the system regarding its capacity to cope under the pressures of a surge in patients during the winter months. The supporting measures that the Royal London Hospital A&E may need were discussed at the CCG Urgent Care Working Group reviewing CHC assessments, Royal London Hospital A&E infrastructure and out of borough social work as a way to manage delays – however, AM noted that the outlook remains challenging.

The Royal London Hospital site team submitted a revised plan on the 5 August that encompassed several actions broadly divided into 3 work streams which focused on ED process and admissions avoidance, site operations and flow and discharge. The format of the RLH ED Performance meetings has now also been revised to a “deep dive” approach where clinicians present data and challenges related to each key area of the sustainability plan. Previous “deep dives” have focused on improving patient flow in medicine and surgery. AM noted that the clinicians were committed to change and implementing the sustainability plan.

The Governing Body **NOTED** the report.

3 Commissioning and Strategy

3.1 Developing and Delivering System Transformation

JP introduced the report explaining that this is an update which outlines the development of commissioning plans for next year and beyond. It is the third paper presented to the Governing Body regarding CCG’s commissioning intentions for 2017/19. It builds on the paper presented at the September 2016 meeting.

JP explained that the CCG is required to develop plans to ensure quality and sustainable commissioned services. The report outlined the current schemes identified to meet a £15m sustainability gap in 2017/18 explaining that there are further scheme developments required

to bridge this gap and further work needs to be undertaken for 2018/19. From April 2017, there will be a proposal to align governance across the CCG and the Tower Hamlets Together programme in order to facilitate successful development and delivery of system transformation.

JP asked the meeting to note the main changes within the paper. Previous versions of the paper presented suggest a QIPP gap of £10million and due to some of the pressures DK and HB alluded to earlier in the meeting and the mitigations needed to be put in place for NHS Barts Health, there has been a need to increase the QIPP target to £15million. JP explained that the Governing Body needed to be aware of this and the more challenged context for the CCG this now provides.

JP explained that clinical and managerial leads have worked to find the £15million QIPP through increased efficiency and quality. As well as delivering these QIPP savings the CCG is part of many partnerships NEL wide and locally – these include STP (Sustainability and Transformation Plan), TST (Transforming Services Together) and THT (Tower Hamlets Together). JP gave an overview of the areas these partnerships are currently covering stating that the STP process is moving forward and is currently looking at provider productivity and sustainability. TST is also looking to drive some outcomes within Tower Hamlets with particular focus on acute services transformation. The THT process will begin to take on a greater significance for the CCG as the next year progresses, as we have agreed to use the energy from the Vanguard Programme to drive our move towards an accountable care system model going forward.

The Tower Hamlets health economy needs to identify £10m of system savings per year over each of the next five years - due to additional pressures within the health economy, this requirement for 2017/18 has been revised up to £15m. The schemes identified to date are estimated to achieve £10.8million of the £15million.

VP noted that the QIPP savings come from work streams such as urgent care, querying the paper's estimates of £3million from this work stream and noted that there has been significant work on redesign of the front end and has not seen the same outcomes that are being projected in paper. SH noted that he also queried this prior to the meeting and discussed with Jenny Cooke, Deputy Director of Primary & Urgent Care, and stated that this amount was an estimate which had been created using the information the CCG had at present. HB explained that investment in the model reduces activity in A&E and therefore should present this outcome. VP noted that there is not an accurate demographic growth on the models and there was difference in the models presented and this could make a difference to the outcome. JP explained he had not seen this section of modelling that VP was referencing and explained the need to quantify the improvements that have been invested in to and note where these would affect the system.

JP also noted that the savings target of £15million means the potential ability to invest is more constrained than normal therefore any investment must see a return. JP stated that the CCG is aware from information presented in reports and work in emergency care that there is scope for improvements in this area.

Jane Milligan (JM, North East London STP Lead) and HB attended the meeting to update the Governing Body on the STP and progress being made to agree as providers and

commissioning control totals. JM explained that the STP is trying pull together a framework across NEL which will agree principles and changes that need to occur and move the system towards capitated budgets. In order to implement this, there would need to be a new approach to the commissioner provider split. JM stated that the CCGs within NEL would need to agree recognition of change at strategic level as well as local change within the three systems. JM explained that assurance needs to be given to local hospitals that demand management plans actually produce benefits. JM stated that the much needed payment reform would be possible through the THT mechanism.

The members **NOTED** the report.

3.2 London Health Devolution CCG Update

SH introduced the London Health Devolution CCG update and explained that the paper aimed to update CCG Governing Bodies on the progress of the London Health and Care Devolution Programme as we move towards a second devolution agreement and to confirm ongoing support from CCGs and their Governing Bodies. Through the devolution agreements, London Partners aim to minimise unnecessary bureaucracy, and provide new opportunities for CCGs and boroughs to support Londoners to be as healthy as possible and to ensure that the health and care system is on a sustainable footing. SH gave an update on the devolution pilots' progress, explaining that pilots have been exploring possibilities within the current system and what explicit devolved powers are sought. Pilots are setting out their transformation vision, 'offers' by the local system to accelerate action and devolution 'asks' to overcome identified barriers to progress.

SH explained that whilst Tower Hamlets CCG had not been directly involved in these devolution pilots', neighbouring partners within the STP footprint had been and it was of interest to Tower Hamlets CCG. SH explained that mechanisms would need to be in place for devolution to succeed London-wide and locally – the paper explained these mechanisms in detail. The Governing Body were asked to approve the paper and note the devolution progress and the forward timescales to the next Devolution agreement for London, building on the commitments and priorities agreed in December 2015. The Governing Body did not provide comments on the proposals and supported the development of the final Devolution agreements and delegated authority to the Acting Chief Officer to agree and sign off the agreement on behalf of the CCG.

The members **NOTED and APPROVED** the report.

4 Committee Minutes

4.1 Audit Committee Summary

No further comments were raised. Members NOTED the minutes.

4.2 Finance, Performance and Quality Committee Summary

No further comments were raised. Members NOTED the minutes.

4.3 Primary Care Commissioning Committee Summary

No further comments were raised. Members NOTED the minutes.

4.4 Executive Committee Meeting Summary

No further comments were raised. Members NOTED the minutes.

4.5 Governing Body Business Cycle 2016/17

No further comments were raised. Members NOTED the item.

5.0 Questions from the Public

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

6.0 Any Other Business

No comments or questions were raised by the members.

The meeting ended at 17.00 hrs pm.

SE announced that to resolve that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting. Section 1 (2) Public Bodies (Admission to meetings) Act 1960.

Matters arising

Action reference	Action	Lead	Due Date	Update
Sept 16 # 01	Register of Interests to be updated to include two new declarations.	Deputy Director of C. Affairs	Sept 16	Completed
Sept 16# 03	Recommendations of the Audit Committee held in July 2016 to be implemented before the next Committee meeting on 11 October 2016.	Deputy Director of C. Affairs	Sept 16	Completed
Sept 16# 04	AM to contact Dr Osman Bhatti to provide information on cancer referrals	Director of Performance & Quality	Sept 16	Completed
Sept 16# 05	Executive Team to address the compliance with mandatory training.	Acting Chief Officer	Oct 16	Completed
Sept 16# 06	CCG's Executive Team to liaise with the relevant Director at LBTH re- LAC referrals from Social Services.	Acting Chief Officer	Sept 16	Completed
Sept 16# 07	Deputy Director of Corporate Affairs to liaise with all Chairs of Committees regarding sign off of minutes and actions.	Deputy Director of C. Affairs	Sept 16	Completed