

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

Tuesday, 07 March 2017, 14.30 – 17.00

The Theatre Room, Oxford House, Bethnal Green

1.1.1 Present

Name	Role	Organisation
Sam Everington	Chair & 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 for THCCG & North East London Sustainability & Transformation Plan	NHS THCCG
Victoria Tzortziou-Brown	Network 3 Representative	NHS THCCG
Sarit Patel	Network 4 Representative	NHS THCCG
Isabel Hodgkinson	Network 5 Representative	NHS THCCG
Judith Littlejohns	Network 1 Representative	NHS THCCG
Virginia Patania	Practice Manager Representative	NHS THCCG
Osman Bhatti	Network 7 Representative	NHS THCCG
Shah Ali	Network 8 Representative	NHS THCCG
Somen Banerjee	Director of Public Health	LBTH
Julia Slay	Lay Member for Public & Patient Involvement	NHS THCCG
Jane Milligan	Chief Officer & Executive Lead for North East London Sustainability & Transformation Plan	NHS THCCG / NEL STP
Tan Vandal	Secondary Care Representative - Doctor	NHS THCCG
Noah Curthoys	Lay Member for Corporate Affairs	NHS THCCG
Linda Aldous	Practice Nurse Representative	NHS THCCG

1.1.2 [In attendance](#)

Name	Role	Organisation
Josh Potter	Acting Director of Commissioning	NHS THCCG
Archna Mathur	Director of Performance and Quality	NHS THCCG
Ellie Hobart	Deputy Director of Corporate Affairs	NHS THCCG
Ali Kalmis	Director of Acute Contract Management	NEL CSU
Justin Phillips	Corporate Governance Manager	NHS THCCG
Sophia Beckingham	Corporate Governance Officer	NHS THCCG

1.1.3 [Apologies](#)

Name	Role	Organisation
Denise Radley	Director of Adults' Services	LBTH
Maggie Buckell	Secondary Care Representative - Registered Nurse	NHS THCCG
Imrul Kayes	Network 2 Representative	NHS THCCG

1.1 Welcomes

Sam Everington (SE, Chair) welcomed members and attendees to the meeting, including welcoming Compass Wellbeing and friends who are a part of a local Tower Hamlets provider specialising in mental health services.

SE also welcomed members of the public seated in the public gallery.

1.2 Declarations

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 the CCG Register of Interests was available in hard copy at the meeting and the complete register of interests is published on the NHS Tower Hamlets Clinical Commissioning Group's website: <http://www.towerhamletscg.nhs.uk/about/conflict-of-interest-register.htm>

1.3 Chair's Report

Sam Everington (SE, Chair) presented the Chair's report, giving thanks to Isabel Hodgkinson, Victoria Tzortziou-Brown and Osman Bhatti for their work on transformation in the outpatient services project which is working to improve quality and outcomes for patients. SE noted the fantastic engagement from consultants and teamwork in working to improve patient pathways.

The Governing Body Members **NOTED** the report.

1.4 Chief Officer's Report

Simon Hall (SH, Acting Chief Officer) presented the Chief Officer's report, and asked Governing Body members to note that the CCG would be moving the days of its public meetings to Wednesdays as of May 2017. The CCG has agreed this in order to align with our two neighbouring CCGs to better tackle issue in the local healthcare system going forward. SH noted that this had been done with difficulty, so passed on thanks to the Governing Body Members and Ellie Hobart for arranging the changes.

The Governing Body Members **NOTED** the report.

1.5 Minutes and Matters Arising

SE asked the Governing Body members to check and confirm the accuracy of the previous draft minutes of the meeting held on 24th January 2017. The minutes were **APPROVED** as an accurate record of the meeting.

1.6 Patient Story – Compass Wellbeing

Judith Littlejohns (JL, Governing Body Member, Commissioning Representative for Network One and Mental Health Clinical Lead) welcomed and introduced colleagues Lucy Marks (Chief Executive Officer), Pauline O'Halloran (Director of Business Development) and Azom Mortuza (Director of Finance & Performance) and friends from Compass Wellbeing, noting that Compass Wellbeing are a local provider and a 'home-grown' Tower Hamlets based organisation.

JL introduced the Patient Story, outlining the background of Compass Wellbeing and their history in Tower Hamlets. JL outlined the services Compass Wellbeing provide and noted that they provide a range of treatment modalities for patients experiencing mental health issues for the population of Tower Hamlets including the IAPT (Improving Access to Psychological Therapies) service.

Paula's Story

Paula is a local Tower Hamlets resident and a friend of Compass Wellbeing who shared her experiences in working with the organisation. Paula gave her history, noting that she is registered blind and is involved heavily with local volunteering work and had worked with the Paralympics and their legacy project. Paula explained that she had been referred to Compass Wellbeing by her GP after experiencing panic and anxiety which caused her to stop her volunteering with the Paralympic legacy groups and outlined the extremely negative impact panic and anxiety had on her life. Paula explained that after working with Compass Wellbeing and having treatment sessions for six weeks, she has been able to start to take up aspects of her life that had been affected by her anxiety. Overall, Paula noted that her therapist was particularly supportive and the work they had conducted in their sessions had been life changing for her.

SE thanked Paula for sharing her story, noting that it was a really good example of what the health care community in Tower Hamlets is all about.

3.0 Performance and Operations

3.1 BAF

Ellie Hobart (EH) introduced the Board Assurance Framework, asking the Governing Body to note the changes to the risk ratings, risk narrative, controls and assurances provided within the framework. She highlighted the purpose of this report to provide the Governing Body members with assurance on the progress achieved in mitigating those risks that could prevent the CCG from meeting its corporate objectives including 5 significant changes. She further noted that the revised Assurance Framework is due to be reviewed by the March Audit Committee with a further workshop due to take place in Executive Committee to outline any possible risks not yet sighted on the BAF such as joint commissioning and Sustainability and Transformation Plan. EH noted that the primary care cost pressures risk would be reintroduced for 2017/18 given the shortfall in the Tower Hamlets Primary Care allocation from NHS England.

EH thanked the Governance Team for their work on improving the BAF and noted that the Board Assurance Framework and the Conflicts of Interest Management had been through an internal audit and had received reasonable assurance which is positive. SH and MD echoed EH's sentiments regarding the BAF and the Governance Team's work. SH noted that risk 2.1 relating to the Community Health Service (CHS) contract would be subject to change due to the pending CHS contract signing being signed will effectively mitigate this risk. SH explained that a private Governing Body session was due to take place in order to sign off the CHS contract in the near future and the CCG are expecting to meet the go live date for 1st April, further mitigating the CHS related risk.

The Governing Body **NOTED** the Board Assurance Framework.

3.2 Finance Report

3.2.1 Finance Report M10

Henry Black (HB) presented the Month 10 Finance report, providing an overview of key risks and issues, CCG financial position and key areas of discussion for the CCG Governing Body.

HB explained that the CCG were on target to meet the statutory surplus that has been planned and agreed with NHS England. He informed the Governing Body that finances were likely to be constricted in 2017/18, noting that two main factors impact the flexibility that the CCG had enjoyed previously. The CCG had hoped to clawback the historic surplus of 1% that CCGs had been required to hold but HB explained that the CCG has now been given confirmation that they will be unable to access this 1% as expected due to deterioration in the acute sector nationally.

HB outlined that a number of budgets were overspending with an £8.1 million overspend forecast, noting that London Ambulance Service (LAS) has experienced extreme pressures over previous years with a continual issue with demand and has resulted in the CCG adding an additional spend of £573,000 to support the organisation.

HB highlighted other pressures on finances including issues in allocations that the CCG will receive, noting that the allocations for Primary Care Co-Commissioning given by NHS England and the actual spend differ, thus resulting in an overspend. HB asked the Governing Body to note funding £136,000 for practice resilience, which had been previously committed to and supported by the CCG Governing Body. HB noted that there is pressure in non-elective activity and outpatients which the CCG are working hard to transform.

HB explained that the CCG will be increasing the QIPP target as the delay in finalising the CHS procurement had affected the ability to deliver in full, noting that the level of QIPP target will have to increase in the next financial year.

The Governing Body **NOTED** the report.

3.2.2 Activity Report M10

Ali Kalmis (AK, Director of Acute Contract Management, NELCSU) presented the Activity Report, outlining the overspend related to the acute portfolio and NHS Barts Health Trust. AK outlined that the CCG is predicting a financial year end surplus of £11.9m which is in line with the financial plan for 2016/17. Within this, the acute care spend is forecasted to be £8.1m above budget and within the above £8.1m, NHS Barts Health Trust (Acute) is forecasting a £5.4m overspend for Tower Hamlets activity.

AK assured the Governing Body Members that, regarding NHS Barts Health Trust, NELCSU are working to complete the actions agreed with the Trust as part of the quarter four work programme. The CSU have also supported the CCG in finalising the year end agreement provisionally reached with NHS Barts Health Trust in order to mitigate the risks of overspend. AK noted that the key drivers of over performance include Critical Care, Elective & Day Cases, High Cost Drugs, Non Elective, Outpatients and Outpatient Procedures.

AK outlined other key areas of THCCG contracts and informed the Governing Body that the East London Foundation Trust continues to meet the majority of its contractual requirements and that the 2017/19 contract was signed on the 23rd December.

Osman Bhatti queried the overspend relating to London Ambulance Service and the impact of its current performance. HB explained that that LAS issues are historic and work is being

conducted London-wide in order to support LAS to reaching a solution for its current problems. AK agreed and felt that the performance for LAS was at a level that many CCG's locally would find unacceptable, and AK explained that there is a bigger piece of work being conducted across North East London as part of the Sustainability and Transformation Plan regarding trajectories that should support the recovery of LAS's performance.

OB noted that the new 111 model could support change in the system and support the recovery of LAS. HB agreed, explaining that there is the view that 111 calls divert more patients towards the ambulance service/A&E and the new model should make the system more efficient and therefore lessen the surges in demand that LAS experience.

The Governing Body **NOTED** the report.

3.3 Performance and Quality Report

Archna Mathur (AM, Director of Performance and Quality) presented the Performance and Quality report, highlighting the key issues, current performance against National 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 informed the board that NHS Barts Health Trust continues to perform well against the cancer standards, achieving 8 out of 8 in November. AM asked the Governing Body to note that Tower Hamlets failed the standard for the 31 day 1st treatment for cancer, and noted that the CCG is working to have clear sight on this issue via a series of deep dives for RTT and cancer. AM explained that referral to treatment also continues to underperform and the CCG are managing this via a data quality plan and monthly deep dives on the most challenging specialities with a focus on the '52 week waiters'.

AM informed the Governing Body that A&E remains challenged with an increase in non-elective attendances which has made it challenging for the Royal London Hospital to meet its targets. AM assured the Governing Body that rigorous work had been done to investigate local system response when the Royal London Hospital experiences surges in patients, but noted that this was a difficult challenge where, in one instance, 40-50 patients were waiting over subsequent hours indicative of a constant pressure. AM explained that recent issues have resulted in the arrangement of a "Senior Operational Hub" which has been set up as a core group of 42 senior managers from the Urgent Care Working group as a vehicle for escalation with the aim of expediting discharges. The Senior Operational Hub is instigated on the basis of triggers being hit and then de-escalated in accordance with these triggers also. This has proved positive and supports the hospital to have de-escalation plans and not view system stress as 'business as usual'. AM noted that work will need to be undertaken to review the current A&E recovery plan as performance has remained below trajectory and the CCG are posed to sign off a new recovery plan.

AM noted that LAS handover times overall for Royal London Hospital are a reflection on front door processes for transfer of patients and noted that there is less of challenge at the Royal London Hospital than other NHS Barts Health Trust sites. AM explained that there are good new stories in the data, noting that serious incidents for NHS Barts Health Trust currently stand at 31 overdue with 4 at Royal London Hospital which reflects the best position for overdue serious incidents that the Royal London Hospital has had to date. AM also informed the Governing Body that the reporting of incidents via datix is at a sustainable level, ensuring more robust oversight on incidents and greater assurance for the CCG.

Tan Vandal (TV) asked to see numbers rather than percentages for the figures regarding cancer specialities as this could show up issues in particular specialty areas. TV noted that the Senior Operational Hub was a good idea and queried if the hub had good clinical engagement underway. AM explained that currently the hub consisted of managers but there

is work to incorporate clinical leaders and agreed that numbers would be helpful to present in the paper.

SH agreed with AM regarding A&E and noted that the CCG and local healthcare system need to think in a more radical way in order to deliver good services to the local public. SH queried where the mixed sex accommodation breaches occurred within the hospital. AM explained that mixed sex accommodation breaches had occurred in critical care and this is an area often affected by seasonal variation and space constraints within the hospital.

IH noted that the 4 hour wait target was encouraging clinicians to manage A&E inappropriately. AM agreed and noted that the groups who are attending A&E are unusual in some areas, and noted that paediatric, unregistered and over 85 patient attendances are very high.

SE thanked AM for the presentation and noted that the Royal London Hospital had moved in its CQC rating from 'inadequate' to 'requires improvement', which was a 'good news' story. SE further noted that NHS Barts Health Trust had the most improved year on year results for the NHS National Staff Survey and that the finances for NHS Barts Health Trust should stabilise if the Trust maintains their financial trajectory. Overall, this is indicative of improvement and evidence of the hard work being conducted by NHS Barts Health Trust as well as AM and her team.

SE asked if AM could advise on the comparison with Royal London Hospital A&E against A&E's nationally, if triaging doctors have 'gold command' abilities (to directly triage to outpatients) and if dementia diagnosis was above target because of good diagnosis or higher rates in the borough.

AM explained that the A&E issues being experienced at the Royal London Hospital are generally comparative across London and that there are very few trusts in London in hitting their A&E targets. AM explained that NHS Barts Health Trust is 8th within the bottom half, indicating that whilst this position is not good, the Royal London Hospital is not in the worst position. Overall, London remains challenged as a city but generally performs well against the rest of the country. Regarding 'Gold Command', AM explained that the Royal London Hospital are exploring this option but it is not yet in place. AM noted that it is dependent on other areas in the system and so requires investigation and thought.

JL explained that, with respect to dementia diagnosis, all KPIs are based on expected dementia rates in the borough which in turn is based on demographics. Tower Hamlets has a 'young borough' and so rates are not expected to be high. Tower Hamlets is doing consistently well and the dementia clinic is hitting its targets in areas such as diagnosis and treatment timeliness. Overall, this indicates very good practice rather than a high incidence of dementia.

Linda Aldous asked how the paediatric A&E attendances compare with the rest of London. AM explained that she would check these figures but it would be good to note that, of these attendances, the majority of young people are not admitted.

The Governing Body **NOTED** the report.

3.4 Improving Access to Psychological Therapies – Compass Wellbeing Presentation

Lucy Marks (LM, Chief Executive Officer, Compass Wellbeing) presented the Compass Wellbeing report, thanking the CCG for the invitation to present at the Governing body and thanked the Friends of Compass Wellbeing for attending.

LM outlined the history of the Compass Wellbeing, giving detail on the support the CCG gave Compass Wellbeing when they moved away from being part of NHS Barts Health Trust into its own social enterprise; LM noted that the organisation are grateful for this support and encouragement from the CCG.

LM explained that Compass Wellbeing have provided psychology and counselling in Tower Hamlets for over 30 years and have developed many programmes to support the mental health of local patients. Compass Wellbeing's social mission is important to the organisation, and LM explained that key to Compass Wellbeing's mantra is creating change and this forms part of their values. The organisation aims to bridge physical and mental health with a focus on prevention and early intervention. LM noted that good relationships with their clients are integral as are good relationships with referrers, staff and collaborators across services. LM noted that Compass Wellbeing are eager to work with partners in acute and primary care in order to ensure efficient clinical decision making and support with struggles that may be faced with complex patients. LM explained that in recent years, Compass Wellbeing are working on mental health support in local schools, utilising nursing teams and providing a programme of training and helping the school health service change based on mental and physical health interventions.

LM outlined challenge that the organisation is currently facing, particularly in regard to IAPT and access, noting that Compass Wellbeing are aware that IAPT is currently under a lot of scrutiny in regards to patients entering and access to treatment. LM noted that there was some struggle in meeting access targets but these had been somewhat remedied by the movement of the organisation to a social enterprise organisation.

LM explained that Compass Wellbeing patients have reached 50 per cent recover rate and noted the importance of sustaining this level in the face of an increase in case management. Compass Wellbeing are poised to introduce digital therapy and online therapy sessions in order to increase the range of therapy options with an aim to improve patient engagement and retention. LM informed the Governing Body that 96 per cent of patients are seen within 6 weeks for IAPT and all patients that are seen are given patient experience questionnaires; LM noted that 98 per cent of patients seen felt they received the help that mattered to them. LM quoted a patient who said 'this has changed my relationship with my wife and I am becoming my old self again.'

Shah Ali (SA, Governing Body Member and Network Representative for network 8) queried how Compass Wellbeing determine recovery. LM explained that this was informed by the self-reported questionnaire and scoring 'caseness' against 'non-caseness'.

Osman Bhatti (OB, Governing Body Member and Network Representative for Network 7) noted that the self-referral access page on the Compass Wellbeing page was difficult to navigate. Azom Mortuza (AzM, Director of Finance & Performance) from Compass Wellbeing explained that the new and much improved referral portal is imminent and explained that the website will have the capacity to feature on school intranets; Compass Wellbeing will also be working on marketing across schools and local boroughs.

Julia Slay (JS) noted the good work being conducted on patient engagement and asked if there was any learning that could be shared regarding working with the 'Friends of Compass Wellbeing' user group. Pauline O'Halloran (Director of Business Development) explained that the group had self-defined and named their group, and the group had set itself up to support individuals to use and leave the group as and when they felt it was appropriate; this meant users could join for one off projects or on a more long term basis, offering much needed flexibility. The group offers projects, training and a qualification that enables users to take this to future employers and request references. Tracy (a Friend of Compass Wellbeing) noted that she felt that being part of Friends of Compass Wellbeing had given her

a better quality of life and since she has been there she has been part of their interview panel which has boosted her confidence to come along to the CCG Governing Body and speak.

SE noted that the work regarding school nursing services was interesting, and queried if LM had a sense for the future of the school nursing services and mental health. LM explained that she felt this had been an exciting opportunity and had allowed for conversations to open up between nurses regarding mental health. LM reported that nurses had been excited to use the tools that had learnt within their training and reflective practices and supervision had been encouraged. LM noted that most mental health problems start by the age of 14 and this work with school nurses would underpin support for mental health services generally and that nurses felt more confident using this system. This has naturally rolled out to looking at support for school staff who are also finding themselves under system stress and parents have requested a parents group regarding mental health which Compass Wellbeing are exploring.

SE passed on his thanks to Compass Wellbeing, both for their presentation and for their work on improving mental health in the borough. SE outlined his view that Compass Wellbeing are national leaders for mental health, particularly their work regarding schools and mental health in education.

4.0 Commissioning and Strategy

4.1 Transformation

Josh Potter (JP, Acting Director of Integrated Commissioning) presented the Commissioning Intentions and QIPP 2017/18. JP explained that the commissioning directorate has been in process of developing commissioning intentions and associated savings plans. JP explained that the Gross QIPP plan of £16.5m is offset against £6m of investment proposals (mixture of recurrent and non-recurrent funding). This has resulted in a prioritisation process in place at Transformation Board in December and January to reduce investments in line with 2017/18 budgets.

JP explained that Commissioning Intentions and QIPP Schemes had been through extensive development, noting that the Finance Team had supported the Transformation Team in affordability analysis of the schemes based on the CCG's financial position; this resulted in the final proposal of commissioning plans. JP outlined the process in which the commissioning intentions had been developed, including development, business cases and affordability analysis.

JP outlined which schemes had been subsequently approved in principal in light of the Transformation Boards approval and the affordability analysis. The schemes have been grouped into three categories; 'fully approved and funded by CCG', 'approved but funded from other sources' and 'schemes approved in principal but funding released if/when funding becomes available'. JP asked the Governing Body to focus on the net QIPP delivery, and noted that the majority of the fully funded schemes are where savings and quality can be quantified.

JP felt that there was assurance amongst CCG colleagues that these schemes would be a success but asked the Governing Body to be reminded that financial challenges exist and there is a future unidentified savings target. This is due to greater than expected in contracts effects baseline, change by NHSE in how we manage services and the CCG's contribution to STP area. CCG teams will be meeting soon to discuss how the CCG will meet this gap

and are likely to look at budget review, conduct risk assessment of schemes and expand delivery of areas or identification of new schemes.

JP asked the Governing Body to approve the schemes outlined above following approval by the CCG's Transformation Board, and subject to sufficient finances being available, note the ongoing financial situation and support the CCG's ongoing efforts to meet the sustainability challenge.

TV felt that the papers presented were heavy on financial information and difficult for the public to digest, and asked if assurance could be given that quality of care would be maintained. SH explained that efficiency in the system more than often produced improvements in quality for patients and noted that the papers could be more publically accessible in terms of identifying QIPP in word terms. SH also noted that the paper should reiterate that the figures listed are 'thousands of pounds'.

SE thanked JP and his team for their work on the Commissioning Intensions 2017/18 and QIPP paper, and SE stated that he appreciated that the CCG's financial position had meant the process had been difficult.

The Governing Body **APPROVED** the schemes outlined above following approval by the CCG's Transformation Board, and subject to sufficient funding being available, **NOTED** the ongoing financial situation and **SUPPORTED** the CCG's ongoing efforts to meet the sustainability challenge.

6.0 Questions from the Public

A member of the public from Tower Hamlets' local LGBT community forum attended the meeting, and highlighted to the Governing Body the issues that local LGBT have been experiencing in their healthcare and their health and wellbeing. The member of the public highlighted that the Tower Hamlets LGBT Forum carried out research last year that showed there had been an increase in HIV and AIDS which correlated with the increase of instances of 'Chem Sex'. The member of the public also noted that there is a lack of alternative family planning and some LGBT local people are reporting that there is a lack of training opportunities for terminology for LGBT staff. Members of the public have also reported a lack of visibility for LGBT people in the healthcare environment, with the LGBT Forum representative noting that some elderly LGBT people had to 'de-gay' their homes in order not to offend carers and at worst, some LGBT people have been refused services.

SH thanked the member of the public for bringing this to the CCG Governing Body and agreed that work had to be done to improve the issues that had been reported. SH felt that it would be useful to share the research that the Tower Hamlets LGBT forum had produced to better inform the CCG, and noted that the CCG, local LGBT forums and the Local Authority should link together and look at developing plans across the borough to make improvements. SH invited the member of the public to come to a CCG Governing Body Organisational Development Session in order to begin a more detailed discussion of how the CCG can ensure that services we commission are more LGBT friendly.

Isabel Hodkinson (IH, Governing Body Member and Representative for Commissioning network 5) recognised that GP registration can sometimes pose difficulties for LGBT people, and noted that she was interested in how primary care clinicians and primary care services might build questions regarding protected characteristics in a supportive way.

SE thanked the member of the public for their question.



End