

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

Tuesday, 24 January 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
Maggie Buckell	Registered Nurse	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
Ali Shah	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 Doctor	NHS THCCG
Imrul Kayes	Network 2 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
Deane Kennett	Assistant Director of Acute Contract Management	NEL CSU
Justin Phillips	Governance Manager	NHS THCCG
Sophia Beckingham	Governance Officer	NHS THCCG
Caroline Alexander	Chief Nurse	NHS Barts Health
Jackie Sullivan	Managing Director – Royal London and Mile End Hospitals	NHS Barts Health

1.1.3 [Apologies](#)

Name	Role	Organisation
Denise Radley	Director of Adults' Services	LBTH

Noah Curthoys	Lay Member for Corporate Affairs	NHS THCCG
Lee Eborall	Director of Acute Contract Management	NEL CSU

1.1 Welcomes

Sam Everington (SE, Chair) welcomed members and attendees to the meeting and declared the meeting quorate, also welcoming Caroline Alexander (Chief Nurse, NHS Barts Health Trust) and Jackie Sullivan (Managing Director, Royal London and Mile End Hospitals, NHS Barts Health Trust).

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 a 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.towerhamletscg.nhs.uk/about/conflict-of-interest-register.htm>

1.3 Chair's Report

SE introduced the Chair's Report highlighting his recent meetings with Chief Officers and Chairs from the other WEL (Waltham Forest and East London) CCGs regarding working in a more collaborative manner across the patch. The development of the STP (Sustainability and Transformation Plan) has enabled the CCGs to focus on discussions regarding sharing resources and conducting work in a more effective manner given the challenging financial times.

SE thanked Ellie Hobart, Deputy Director of Corporate Affairs, who, together with CCG staff, had recently supported a local school The Mulberry Technical College in their careers open evening which focused on careers in the medical arena and the wider healthcare landscape. SE explained that this would hopefully be the beginning of building stronger relationships with schools in the local area.

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

1.4 Chief Officer's Report

Simon Hall (SH, Acting Chief Officer) introduced the Chief Officer's report informing the Governing Body that the vanguard project Tower Hamlets Together (THT) has been awarded funding for another year and 2017/18 will be the last year for vanguard nationally in its current form. SH explained that vanguard partners are working closely together to decide the next steps for the project over the coming year – this includes the setting of productive and appropriate objectives that embed the lessons learnt during the vanguard and transformation for the future.

SH passed on thanks to the NEL CSU contracts team and the CCG's Transformation and Finance teams who collectively ensured that the CCG's operating plan was submitted to NHS England. SH explained that contracts had also been agreed with the CCG's key providers within a very short timeframe and this deserved praise.

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 1 November 2016. The minutes were **APPROVED** as an accurate record of the meeting.

1.6 Member Story – Care Quality Commission and Primary Care

Virginia Patania (VP) introduced the Member's story, which focused on her practices' experience of a CQC visit and their result of 'outstanding'. VP noted that the experience can be both negative and positive for some practices, but stressed that a key aspect of the success of the CQC visit for the Jubilee Street Practice was their ability to focus on showcasing the positive work which had been taking place, particularly around care for elderly patients. VP acknowledged that some practices struggle with their perception of CQC visits and the standard at which the visits are conducted but stressed that practices need to engage with the process in order to be able to showcase the excellence of healthcare in Tower Hamlets.

SE thanked VP and praised how inspirational the video is. IH praised the video, agreeing with VP's comments concerning the bureaucracy of CQC visits. IH queried if, as the CQC is a statutory body, would there be a chance of creating a local regulator that could conduct CQC's work with data that is current with the time of visit. Jane Milligan (JM, Executive Officer for NEL STP) stated that performance frameworks will be discussed at an Executive STP Meeting at the King's Fund in which CQC will feature, explaining that it would be likely that if a review on systems is taking place across the sector as a whole, the CQC would feature as part of this. JM noted that she would take the feedback from the Governing Body members to her STP meeting at the King's Fund.

SE felt that sharing stories would improve morale amongst staff and that the video and VP's story would be valuable if shown to those who visit the GP Care Group's meetings. SE also offered to discuss the Governing Body member's feedback with the chief inspector of GPs.

2 North East London Sustainability and Transformation Plan (NEL – STP)

Jane Milligan (CCG CO and Executive Lead for NEL STP) gave an update to the Governing Body on the current position of the NEL STP. JM asked the Governing Body to note progress and the next steps of the STP Programme and also review and approve the governance arrangements as outlined in the Memorandum of Understanding for the NEL STP Governance (2 Dec 2016), recognising that there will be opportunity to continue to develop the governance arrangements.

JM outlined that there have been difficulties with the STP process, noting that funding allocated for healthcare in England is relatively low compared to other developed countries, and that we face key financial pressures relating to high cost drugs, technology and demand. JM stated that one of the additional aims is to address the unwarranted variation in health and social care across the NEL patch.

JM informed the Governing Body that the STP footprint had reacted positively to the timelines set out by NHS England and NHS Improvement and noted the positive feedback from NHSE after the submission of the STP draft plan in October 2016. The plan provides a comprehensive overview of challenges within the health needs analysis and also brings together ambitions identified in local plans such as the 'Transforming Services Together'

programme, the accountable care system in Barking, Havering and Redbridge and the devolution work in City and Hackney. JM emphasised the need to address the unintended consequences of Payment by Results and competition between providers and the current rules that are in place for how the NHS conducts its business.

JM highlighted the need for multifaceted change within the healthcare system in NEL including the culture shift that is required, explaining that providers have begun to engage with each other to explore ways of working collaboratively to respond to demands across patch in services such as maternity and orthopedics. The STP is also meeting with Local Authorities to ensure that social movement campaigns surrounding key prevention pieces of work are as effective as possible. NHSE and NHSI have also acknowledged their need to change and have discussed with JM the possibility of rolling back regulations that may be impeding innovation, change and quality improvements.

JM highlighted the need to move out of an institutional way of thinking and to re-evaluate the local institutions in the system stating that in the institutional/siloed way of working, patients can be lost within the system. Work is taking place within the Transforming Services Together (TST) programme to address this via outpatient reform. JM noted that the good practice of TST and Tower Hamlets Together should be replicated across the whole patch and it is key for CCG Governing Bodies and partner organisations to focus on what North East London needs from its STP.

JM noted that the next stage for the STP focuses on areas of engagement and the STP team is currently in the process of strengthening its governance arrangements which will support the platform for future engagement.

JM noted that the work STP is conducting is part of building the case for more resource; by better utilising resource, there will be a case for requiring more resource. JM explained that whilst this year would see the end of vanguard funding, the NEL STP may be welcomed to bid for funding in place of the vanguard and by having clear goals with a utilised service model - the STP will be more likely to bid successfully.

JM introduced the STP governance Memorandum of Understanding (MoU), noting that it may come back to Governing Bodies with revisions – it is currently in shadow form and JM assured the Governing Body that there was no change to the decision making of the statutory groups (such as the CCG) and JM asked the Governing Body to approve the STP MoU.

Mariette Davis (MD) highlighted the potential STP conflicts of interest issues and queried if the new Chair would need support in order to manage this. JM explained that the STP Chair has an extensive history working in healthcare in East London and he has been meeting with key people in the previous months in order to establish rapport.

Isabel Hodgkinson (IH) queried the transparency of data and data flows between STP partners and stressed the need for data sharing across the STP. JM assured the Governing Body that this is outlined in the Digital Road Map for the STP and noted that currently all acute providers have signed up to the digital road map. JM explained that the data issues in East London are being managed at the STP Executive Group who are working to achieve better digital collaboration. JM noted that moving to NHS.net for all CCGs across the patch would improve the ability to achieve greater digital collaboration.

The Governing Body **APPROVED** the STP MoU and STP plan overview.

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. EH 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. The revised Assurance Framework was also reviewed by the Audit Committee on January 17 2017.

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

3.2 Finance Report

3.2.1 Finance Report M9

HB presented the Month 9 Finance paper, reporting a year to date surplus of £8.958m and forecasting a full year surplus of £11.943m, in line with the CCG's Financial Plan. However, commissioning reserves and non-recurrent in year measures are required to offset pressures on contract activity, particularly in the acute sector and primary care co-commissioning areas, in order to achieve the targeted position.

HB highlighted the high level finance risks, informing the Governing Body that the month 9 over-spend remained stable in acute services spend in comparison with month 8. HB also stated that the financial difficulties of London Ambulance Service (LAS) remain an issue for the CCG, explaining that LAS's over-performance and financial deficit have contributed to our current position as CCGs have been asked to contribute to its over-performance, requesting financial assistance in Q2 and Q3. HB stated that whilst financial assistance has not yet been requested in Q4, substantial over-performance in Q4 has already taken place for London as a whole and that over-performance is likely to move on into 2017/18.

3.2.2 Activity Report M9

Deane Kennett (DK) presented the Month 9 Activity Report, informing the Governing Body that the 2017/19 contracts were signed in line with national deadlines.

Mariette Davis (MD) queried whether the delayed CHS date for live services had resulted in costs for the CCG. HB explained that the CHS live service date had resulted in slippage on the QIPP but the CCG are on track to deliver the new CHS contractual arrangements by April 1st.

3.3 Performance and Quality Report

Archna Mathur introduced the Performance and Quality Report, outlining the high level overview of quality and performance across Tower Hamlets reported for the month of October and November. The report highlighted 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 Governing Body that cancer waiting times continue to be met by NHS Barts Health Trust, with the CCG achieving 6 out of 8 standards for October with an improved 7 out of 8 achieved for November. A full day of elective deep dives took place on 4 November 2016 to address cancer waiting times and the 52 week performance. The cancer deep dives focussed on colorectal, dermatology, Head and Neck and Lung. Deep Dives have been enhanced further to now include review of staging data by speciality. The deep dives continue to assist in driving improvements in quality.

AM explained that NHS Barts Health Trust continues to have difficulties in some areas of service delivery. Accident and Emergency remains challenged, experiencing high

attendances and that various anomalies have created further difficulties such as extremely large surges in activity. Within these patients there is a very high conversation from triage to general admission which AM noted has not been seen before in Tower Hamlets. There is also a high attendance rate of the over 85s which is also unusual.

Dr Osman Bhatti (OB) queried if the A&E admissions for non-local residents are charged back to other CCGs. AM explained that 45 % of patients admitted at the Royal London are Tower Hamlets and the next largest are from City and Hackney with the remaining from other boroughs. There is a process for the CCG to ensure the responsible CCG picks up the bill.

IH noted that A&E remains an attractive healthcare solution to unregistered patients and that the CCG needs to work on ways to further dis-incentivise this way of solving patient's healthcare needs.

Julia Slay (JS) commended the way the data was clearly presented and that it included Primary Care. She queried if data on social prescribing could also be reported. It was agreed that AM and JP discuss and work on how to include in the future.

3.4 CQC Report – NHS Barts Health Dec 2016

Caroline Alexander (Chief Nurse, NHS Barts Health) and Jackie Sullivan (Managing Director, Royal London and Mile End Hospitals, NHS Barts Health) introduced the CQC update report highlighting that the inspectors reviewed eight core services in July 2016: Urgent and Emergency Care, Medicine (including older people's services), Surgery, Critical Care, Maternity and Gynaecology, End of Life Care, Services for Children and Young People and Outpatients and Diagnostics. Overall, the Royal London Hospital has improved from a rating of 'Inadequate' in 2015 to 'Requires Improvement' in 2016. The site leadership team at the Royal London is now working on a detailed action plan to address all of CQC's concerns and a detailed plan was fully discussed at the CQC Summit held on the previous day (23 January 2017). CA stated that the leadership team are pushing forward with improvements quickly in order to show a significant difference when CQC revisit in May, and that the Trust is continuing with their successful Safe and Compassionate programme to support this work further.

Jackie Sullivan (JaS) noted that the site had six regulation notices and some areas were breached more than once resulting in nine 'Must Dos'. Overall, the hospital has moved from 7 'inadequates' to 3. The CQC complimented NHS Barts Health in many areas and JS noted that the key to further success is that good practice is shared across the Trust – the Trust is now in a position where they can evaluate best practice and use this to improve their services.

JaS informed the meeting that the CQC were particularly concerned about maternity care and this had had media attention. The security of babies has been a particular issue and the Royal London could not provide the assurance the CQC were seeking. CQC inspectors saw some babies without security tags – JaS noted that although this was serious, many mothers were removing the tags due to the rough plastic of which the tags were made of. This has resulted in the hospital purchasing new, more comfortable tags for babies and implementing a new security system where babies have two tags. There is now a daily audit of the tags and any babies with two tags missing are classed as an SI. CA's team are also visiting the maternity ward to conduct spot checks to ensure the new tag system is being followed.

Overall, the CQC did not feel the culture within the Maternity service was right and JaS informed the Governing Body that this has resulted in leadership changes. The Trust is currently recruiting a Clinical Director for Maternity and Gynaecology and the Royal London has looked into quick wins to improve the unit. JS noted that the Maternity Partnership Board works to engage with patient experience and staff engagement is being developed via an

external observer who is looking at staff behaviour, culture of the unit and behaviour in the unit to establish acceptable behaviour and protocols.

The CQC has raised several other issues, including staffing and the standard of clinical care. JaS updated the Governing Body regarding recruitment locally and further afield in the Philippines which has resulted in 64 nurses being recruited with a 75% pass rate in their exams. The Trust has reduced its bank and agency use by 41% along with a reduction in recruitment time from 15 to 5.5 weeks. JS noted that morale amongst staff had improved, which could be attributed to the use of 'Listening in to Action' and empowering the Trust's BME staff. JS noted that there is also an improved response rate for the staff survey at 40%.

JaS noted that the Royal London had to focus on length of stay for patients and improving capacity, safer discharge and utilisation flow in the hospital as this was having an impact on RTT delivery and quality performance. JS thanked AM for the support given by the Performance and Quality team at the CCG, noting the impact it had had on recent quality improvements and the relationship between the Trust and the CCG.

Linda Aldous (LA) stated that she was pleased to hear of the maternity ward improvements and discussions around the tags, and noted the improvement this is bound to have on the service, along with the Maternity Partnership Board and other good work being conducted at RLH.

IH noted that the journey undertaken so far is great but highlighted gaps within the IT infrastructure and use of IT systems. CA stated that as part of the safe and compassionate plan, the nurses were being engaged regarding informatics, but agreed there are issues that need to be resolved and the Trust would be investing in this.

SE thanked NHS Barts Health Trust for their work in such challenging times. JaS thanked the CCG for their support.

4.0 Commissioning and Strategy

4.1 Tower Hamlets CCG 2017/18 Financial Plan

HB presented the Tower Hamlets CCG 2017/18 Financial Plan stating that the Financial Plan forms the basis of the CCG's Budget for 2017/18. The main headlines of the report are that the financial position for the CCG is becoming tighter which is mainly attributed to demographic growth in comparison to allocation growth resulting in the need to find savings of 4%. HB informed the Governing Body that the amount of reserves and flex is minimal – in previous years the CCG had reasonable contingency but the position will become increasingly challenged.

HB outlined the main risks in the financial plan. These included activity growth for services subject to cost and volume payment systems e.g. Payment by Results and Continuing Health care. In this financial year 2016/17, at Month 9, the acute over performance is projected at £8.1m and Continuing Health Care over spend is £0.7m. However, this has been mitigated through the use of uncommitted investments and other non-recurrent in-year measures. In 2017/18 the CCG cannot place reliance on these resources to mitigate any over-performances/over spends as these resources have been exhausted in 2016/17. HB stated that there are a number of investments/costs to which the CCG will have to find in-year savings to fund: CHS transitional costs, associate contracts over and above Financial Plan and Re-Procurement of CSU. HB noted that the Financial Plan does not allow for any unforeseen cost pressures.

SE stated that the CCG was in a serious financial position and noted the CCG must work closely and flexibly with other with CCGs at STP level to tackle the issues in the north east London healthcare economy.

6.0 Questions from the Public

(a). A member of the public queried the lack of funding for Ability Bow's gym, which is used extensively by the local community and those with long term conditions which affect mobility. The member of the public felt the communications that took place with the CCG went astray and that the re-tendering for services did not occur. The member of the public asked how the CCG plans to meet the needs of residents who are living with long term conditions and use Ability Bow as the accessible option for maintaining their health, also requesting that the CCG gives priority in the next funding round.

Sam Everington (SE) began by noting the difficulties that the voluntary sector are currently facing, both nationally and locally. In his role as CCG Chair, SE has met with Bromley By Bow Director, Rob Trimble, to discuss how the voluntary sector in Tower Hamlets can come together to share opportunities and mitigate the challenges the sector is experiencing.

Josh Potter (JP) outlined the context and history of Ability Bow's funding and explained that Ability Bow are primarily funded by grants given by the London Borough of Tower Hamlets. They are also commissioned by the council's Public Health team and City & Hackney CCG to deliver services. These funding elements make up 40-50% of Ability Bow's funding – the rest of their funding is by charitable means and donations. Ability Bow has experienced a reduction in these charitable donations which has adversely affected their sustainability. JP explained that, as far as he was aware, no other statutory commissioner has reduced funding to Ability Bow. JP reiterated SE's analysis of the challenges facing the voluntary sector.

JP explained that 18 months previously, Tower Hamlets CCG funded a number of self-management pilots in the voluntary sector of which Ability Bow was a recipient. The CCG's intended plan was to use learning from these pilots to inform the CCG's commissioning and as a result, the CCG tendered for a self-management service to support people with long term conditions. The tender was published in two public spaces and had a long period for application. Ability Bow did not bid for the tender but is a subcontractor under the successful bidder.

JP explained that he had been in contact with Ability Bow's Director, Victoria Kent, in an advisory role, working with Ability Bow to collect data regarding the impact these challenges are having on local residents in order to support Ability Bow's case and to identify how Ability Bow can build more links with the local voluntary sector and gain extra support via this route. JP noted that Ability Bow are getting more involved in the Health and Wellbeing forum with CVS (Council for Voluntary Services) and the CCG have been supporting Victoria to identify other areas for charitable funds that Ability Bow may not be aware of. JP explained that whilst the CCG are supportive of Ability Bow as an organisation, it is important to note that the CCG are not the core commissioners of Ability Bow. JP reiterated the CCG's aim to provide as much as support to Ability Bow as is reasonably possible.

Isabel Hodgkinson noted that the funding in question is part of NHS England Specialised Commissioning and advised that if the member of the public was looking to liaise with a direct commissioner, contacting NHSE London could be a next step. Simon Hall (SH) stated that he was happy to raise this with NHS England Specialist Commissioning.

JP noted that the CVS are developing a voluntary sector consortium to facilitate the voluntary sector providers to attract funding as a group rather than individually which could be helpful for voluntary sector organisations in Tower Hamlets. The CCG, council and CVS are looking to develop more resilience in the voluntary sector as an ongoing piece of work.

SE thanked the member of the public for her question.

(b). Stephen O’Shea (SO), Tower Hamlets Liberal Democrats, congratulated NHS Barts Health on its improved ratings for the Royal London Hospital, and queried if there were CCG concerns regarding the never events described in the report, particularly given the continuing safety issues. He also queried if there are plans regarding shifting any care from secondary to primary care as a result of the resourcing issues.

SE stated that radical thinking on releasing pressure on hospitals is needed, outlining that the CCG is approaching service transformation in revolutionary ways in order to improve both hospital resource and patient experience using technology and virtual clinics. An example of this is the extensive outpatient project in dermatology and the specialist Renal Services, where kidney specialists can now access general practice notes and give immediate advice to patients and primary care clinicians – this is uncommon in the UK. SE also stated that the CCG aims to shift diabetes care into the community with technological support from specialist consultants.

AM answered that, regarding never events at the Royal London, she hoped SO had gained assurance from the presentation by Barts Health and the assurances that she had presented to the Governing Body regarding the mitigation of the risks. AM stated that the number of never events at RLH was indicative of the transparency of reporting and the supportive nature of reporting concerns and incidents. AM outlined that both the CCG and NHS Barts Health are focused on learning and what both organisations can do to facilitate learning and sharing across the sites of Barts Health.

SO asked another question, this time relating to the Island Health Centre and the Island Health Charity, on behalf of a Tower Hamlets’ resident. He asked for the CCG’s thoughts on the matter and whether the CCG would be supporting the petition.

SE briefed the Governing Body on the background of Island Health Charity, including its history. He noted that the GP service and Island Health Charity are separate entities. The GP service rents the centre from the Island Health Charity, who in recent months has increased the rent levels, resulting in the GP service decreasing their space to provide their services from just one floor. Patients have expressed concern to the practice and the CCG with respect to the effect of the decrease in space on the quality of care.

The Island Health Charity was created to support local health care in the Isle of Dogs area and SE expressed his concerns about the management and decisions which have been made in recent years. HB and SE have had two meetings with the Island Health Charity. SE noted that he found several elements of this issue concerning, including the use of non-local trustees, high amounts of reserves with little investment into the local community and the Chair’s apparent high remuneration in comparison to the charity’s annual turnover. SE and the Mayor of LBTH have written to the Chair of Island Health Charity to express their concerns expressing loss of confidence in the Chair to conduct business on behalf of the Charity. The CCG awaits to hear a response from this letter and SE informed SO he would be supporting the petition.

End