Enclosure B

NHS
Tower Hamlets
Clinical Commissioning Group

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

Wednesday, 10 May 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
Sarit Patel	Network 4 Representative	NHS THCCG
Isabel Hodkinson	Network 5 Representative	NHS THCCG
Judith Littlejohns	Network 1 Representative	NHS THCCG
Osman Bhatti	Network 7 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
Maggie Buckell	Secondary Care Representative - Registered Nurse	NHS THCCG

1.1.2 In attendance

Name	Role	Organisation
Ellie Hobart	Deputy Director of Corporate Affairs	NHS THCCG
Deane Kennett	Assistant 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
Imrul Kayes	Network 2 Representative	NHS THCCG
Shah Ali	Network 8 Representative	NHS THCCG
Victoria Tzortziou-Brown	Network 3 Representative	NHS THCCG
Virginia Patania	Practice Manager Representative	NHS THCCG
Ali Kalmis	Director of Acute Contract Management	NEL CSU
Josh Potter	Acting Director of Commissioning	NHS THCCG

Archna Mathur	Director of Performance and Quality	NHS THCCG

1.1 Welcomes

Sam Everington (SE, Chair) welcomed members and attendees to the meeting, and asked the Governing Body to welcome Chris Banks, Chief Executive Officer of the Tower Hamlets GP Care Group CIC, an organisation who are an alliance partner providing the new Community Health Service Contract.

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 is 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 Chair's Report

Sam Everington (SE, Chair) presented the Chair's report, noting in particular that the CCG wished to extend a welcome to Ian Peters, who has been appointed as permanent chair of Barts Health NHS Trust. SE noted that Alastair Camp, who has been acting chair since October 2016, will continue in his role as Vice Chair. SE thanked Alastair for his work as acting chair in improving care for patients at Barts Health, and looked forward along with the rest of Tower Hamlets CCG to continue the good work already taking place at NHS Barts Health.

SE noted that the meeting's member's story would be regarding St Paul's Way Medical Centre which has moved into new state-of-the-art premises that provide improved facilities for its GPs and staff. SE noted that this would offer major benefits for patients of Tower Hamlets.

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

1.4 Chief Officer's Report

Simon Hall (SH, Acting Chief Officer) asked the Governing Body to note the positive staff survey results, explaining that these are especially welcome during a time of change. SH informed the Governing Body that the 360 degree Stake Holder survey had been released and results showed significant improvement in a number of areas and noted that the CCG performed well against engagement with membership and this was highly positive.

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 10th May 2017. The minutes were **APPROVED** as an accurate record of the meeting.

1.6 Member's Story

SE introduced the Member's Story, explaining that the new GP facility for St Paul's Way had opened in Tower Hamlets. SE noted that the new GP premises is the first project to be completed as part of a major investment in new primary care medical facilities in Tower Hamlets to meet the needs of the borough's rapidly growing population and increasing demand for local healthcare services. SE noted that the partnership working that had taken place was a positive example of how multiple organisations can work together to provide services in a more innovative manner.

St Paul's Way GP Practice

Dr Joe Hall featured in the video and presented the new GP practice, explaining that the new space had encouraged local patients to engage with their health and their local health services in new ways by facilitating learning about health.

Ayesha Hulat (AH, Network 6 Manager) described the development of the new premises, noting that it had taken many years and had support from multiple partners including the CCG and NHS Property Services. AH explained that the project aim was to create an integrated service with improved patient outcomes. This would be supported by an increase of consulting rooms and phlebotomy room with an improved capacity to treat patients. AH also noted that the equipment within the building (such a blood pressure monitoring machine which automatically updates to the patient record), signing in machines and office IT equipment had helped the services run faster and with more ease. AH noted that the access rate had increased and staff morale and patient satisfaction has improved.

Anwar Hussain (Practice Manager) ended the video by noting that patient engagement had been key to ensuring that the new premises supported service improvements and overall the new developments had had an impact on staff sickness and retention.

Jane Milligan, NEL STP Executive Lead and THCCG Accountable Officer welcomed the video and explained that estates allocated for health in Tower Hamlets is complex and that there is a collective responsibility for multiple health and social care organisations to approach this growing issue. JM noting that Tim Madelin had been seconded to the NEL STP to enable success of the new estates strategy in Tower Hamlets and that work had now commenced at NEL STP level to replicate these successes across the footprint. JM noted that areas that had experienced high population growth did not collate to where available land is located that can be used for service provision and explained that this will need to result in healthcare commissioners and providers shifting their way of thinking regarding service provision such as making use of virtual practices and schools.

SE gave thanks on behalf of the CCG to Ayesha, Jo and Anwar, The Mayor of the London Borough of Tower Hamlets, Poplar Harca, Tim Madelin, noting that their contribution had enabled the success of their project.

The Governing Body **NOTED** the Member's Story.

2 Performance and Operations

2.1.1 Finance Report

HB introduced the M12 Finance report, noting that the month 12 report provided the Governing Body with the financial position of the CCG as of 31st March 2017. HB explained that the report

showed that the CCG met its statutory duties for the year, though the accounts were still subject to audit.

HB explained that the report demonstrated a cumulative surplus of £11.9 million, in line with the CCG's Financial Plan and informed the Governing Body that the CCG was meeting its statutory requirements as result. In addition, the CCG closed the year with £273 thousand, in line with NHSE requirements. HB explained that there were not any foreseeable issues with the accounts before the final audit report was received and that there had been substantial pressure within the CCG's finances, in particular from over performance in NHS Barts Health Acute services which had resulted in higher invoicing from the Trust.

The Governing Body **NOTED** the Finance Report.

2.1.2 Activity M12

Deane Kennett (DK, Assistant Director of Contracting) presented the Month 12 NEL CSU Finance Report, in light of Ali Kalmis who sent apologies. DK asked the Governing Body to note that acute care spend is forecasted to be £11 million above budget.

DK explained that, within the £11 million, NHS Barts Health Acute services are forecasting a £4.9m overspend therefore forming a sizeable amount of overspend reported. DK informed the Governing Body that the NHS Barts Health Acute Team are working on year-end report which will go to the Finance, Performance and Quality Committee and will contain more detail and reflection on this overspend. DK informed the Governing Body that key drivers of over performance include Critical Care, Elective & Day Cases, High Cost Drugs, Non Elective, Outpatients and Outpatient Procedures.

Isabel Hodkinson (IH, Network Representative 5) voiced concern regarding the performance in acute sector in NHS Barts Health and noted that a massive culture shift will need to take place in order to resolve this over performance. IH noted that such over performance could be being encouraged by Payment By Results (PBR).

HB informed the Governing Body that the CCG and its finance team are addressing the implications of PBR on local providers and will be conducting an evaluation which will need to include the ramifications of addressing issues inadvertently created by PBR. HB noted that the CCG recognises that NHS Barts Health still retain a large deficit of over £100m and therefore need to increase their productivity to benefit the Trust. HB felt that another area of focus would be freeing up NHS Barts Health capacity which would hopefully reduce the amount of referrals into the private sector.

SH thanked Deane Kennett and NEL CSU Contracting Teams on behalf of the CCG for their work on the CHS Contact signing and support regarding NHS Barts Health Overspend.

The Governing Body **NOTED** the Activity M12.

2.2 Performance and Quality

SH presented the Performance and Quality report on behalf of Archna Mathur who sent apologies. SH noted that key areas of note continue to be A&E performance at NHS Barts Health, and informed the Governing Body that Barts Health and WEL CCGs have been allocated to 'Segment two' by NHS England on account of underperformance against the national standard and local trajectory with a view that the trust requires regional intervention and support.

SH noted he had attended a meeting with colleagues involved in the Segment 2 admission to evaluate the plans in place and to look at where improvements could be made. SH explained that revised plans would be submitted to NHSE this week in order to facilitate another meeting regarding the 'Segment Two' admission. SH informed the Governing Body that the Segment 2 group would meet every month and it is hoped that incentives could be introduced across the system via the STP.

JM explained that clinical senate had discussed the segment two admission and the papers of the clinical senate would be useful to share. JM noted that there has been a spike in A&E attendances and work would need to be conducted with the GP Care Group in ensuring that the right care is provided in the community in order to support appropriate use of A&E. JM felt that this support would be bolstered by the new contracts for GP out of hours service and Community Health Services (CHS) which had recently been agreed and signed.

SH noted that a key aspect of the difficulties being experienced at the Royal London A&E was in part fostered by incorrect triaging. SH noted that currently, 16% of patients are triaged by the urgent care centre and this will need to rise to around 60% in the future. SH explained that this target is likely to be challenging, but assured the Governing Body that the CCG have discussed with NHS Barts Health and GPCG regarding how the urgent care centre could be run and how it supports the out of hours services to improve the A&Es current position. SH noted that currently THCCG is paying for patients who are unregistered to visit A&E and engagement needs to be conducted on encouraging GP registration in throughout the borough.

Tan Vandal (TV) voiced concern over the level of overdue serious incident levels, the possibility of issues lying within the overdue serious incidents and the number of patients who are diagnosed with cancer but still waiting for treatment.

SH explained that, with respect to the over 52 week waiters, he would be attending meetings with NHS Barts Health in order to escalate these issues and had been present at a recent contract meeting in order to provide oversight from the CCG regarding these issues. SH explained some good was to be taken from the report, noting that the data is improving. SH explained that the patient results had been affected by the IT failure which could skew the data in the report. SH explained that overall, the cancer target is very fragile despite these improvements and the CCG will be watching this closely.

JM noted that the number of 32 day cancer waiters is overall small and this is positive, but there is room to challenging in UCH in the vanguard. JM noted that AM and Angela Wong had worked hard to address these issues and will continue to do so.

The Governing Body **NOTED** the Performance and Quality Update.

Action:

- **Clinical Senate Papers to be sent to the Governing Body.**

2.3 GP Care Group CIC Provider Update

Chris Banks (CB, Chief Executive Officer, GP Care Group) introduced the Provider Update, outlining the journey the Care Group had undertaken since its inception. CB explained that this had resulted in much interest from similar federation organisations and noted that the GP care group was larger in terms of employees with a high finance turnover.

CB explained that the journey which the GP Care Group CIC had not been without challenge, but positive steps had been taken recently, most notably the Community Health Service (CHS)

contract which was now in full service delivery mode. CB noted that currently, the GP Care Group are not approaching Primary Care Improvement with the appropriate level of urgency that CB deemed necessary and that through the GP Care Group's involvement with the vanguard many areas of improvement had been identified that the GP Care Group are looking to engage with. CB explained that, as part of the CHS contract development, a 100 day delivery plan for the CHS contract was created, and that achieving the targets within this 100 day plan in the immediate future is essential. CB also noted that some recommendations of the Ernst & Young Due Diligence work conducted as part of the CHS procurement needed to be implemented. CB explained that a GP summit which had recently taken place in conjunction with the CCG and other partners was highly successful and revealed many areas of work which, if implemented, would help improve primary care in Tower Hamlets.

CB explained that there had been issues with the development of the GP Care Group Board, noting that GPCG had been set up as a membership organisations and had resulted in a large Board with a small executive team. CB informed the Tower Hamlets CCG Governing Body that an extended Board Meeting would subsequently be taking place in order to address this issue.

SE thanked CB for the update and noted that difficulties CB reported, commenting that the board to board meeting between the CCG and the GPCG on June 8th will be an opportunity to explore these areas further. SE offered the CCG's support in helping the GP Care Group achieve its aims.

Julia Slay (JS) queried the patient and public involvement (PPI) in the GP Care Group's direction and general thinking in developing their work streams and strategies. JS further queried where the responsibility lay for this area of work within the executive team and what work or engagement had been conducted by the GPCG so far.

CB explained that it feedback had been received by the GP Care Group to the affect that the board is predominately GPs with not enough patient or public involvement and noted that more work would need to be conducted in regards to PPI and that this may be easier to achieve with a smaller board. CB noted that the GP Care Group are investigating PPI in the commissioned services and noted that the GP Care Group have inherited the patients experience team as part of the CHS contract and will be looking to invest into this.

Mariette Davis (MD) noted that the GP Care Group had a high turnover and sought assurance that the GP Care Group had employed a qualified accountant as the Finance Director and whether the GP Care Group had an overdraft facility. CB explained that the GP Care Group do not have an overdraft facility as the GP Care Group are carrying a sizable cash balance and are not using funds to subsidize the services and therefore could not justify the request of an overdraft to the bank.

MD queried whether the Audit Chair had been appointed and the sessions the Audit Chair conducts and who provided the HR advice needed for a successful remuneration committee. CB explained that an Audit Chair had been appointed and is active, attending 80 hours per year and that HR advice was provided by the HR lead of the GP Care Group.

Noah Curthoys (NC, Lay Member for Corporate Affairs) queried the organisational development priorities for the GP Care Group and the composition of the GP Care Group, especially in relation to the ratio of executives to non-executives. CB explained that discussion regarding board composition had taken place as currently the majority of board members are GPs and adjusting this forms part of the OD programme of work currently taking place at the GP care group. CB noted that the CCG have stipulated that this is an area for improvement and that GP Care Group are in full agreement that there is a case for change as it is recognized that GPs are not independent.

CB explained that the GP Care Group had many organisational development priorities, noting in particular the capacity for building the executive team and analysing the current board composition. CB noted that historically, it suited the GP Care Group to have a limited number of executives but the Care Group had now outgrown this model. CB explained that since taking over the senior managers from other organisations as part of the CHS contract, there was potential to develop the management team via this route. CB noted that the TUPE staff from previous providers had experienced significant cultural change and the staff will need management and support through this.

IH recognised the enormous growth that the GP Care Group had been through but noted some concerns for the organisation post vanguard funding. IH noted that there may be gaps in the local Tower Hamlets system, and asked CB if the GP Care Group had identified any risks relating to this issue that should be flagged to the CCG Governing Body at this time, and whether further support from the CCG is needed.

CB explained that there were concerns regarding the ambiguous future of the CCG and the commissioning landscape across North East London (NEL) and how the interests of the Tower Hamlets Community are protected at the legacy stage after the vanguard project. CB noted that the LMC had also raised the issues of clarity regarding the future commissioning landscape, and CB noted the danger that multiple organisations have very similar work streams that could create duplicity in the system.

Linda Aldous (LA, Practice Nurse Representative) noted that the GP Care Group has a high percentage of its workforce as interims and noted that the GP Care Group may want to investigate the open doors scheme, national treasure. LA outlined that the GP Care Group may want to focus on workforce leadership, with a focus on nurse and clinical leadership.

SE thanked CB for the GP Care Group Update. The Governing Body **NOTED** the update.

2.4 Audit Committee Annual Report

MD introduced the Audit Committee Annual Report, noting that it provides a summary of the work carried out by the Audit Committee during 1 June 2015 to 31 March 2017 under each of the key duties of the Committee, as set out in the terms of reference. MD asked the Governing Body to note that there was an extended time period of which the letter covered in order to cover the work conducted since the last report. MD assured the Governing Body that the Audit Committee delivered against the terms of reference.

The Governing Body was asked to:

1. Receive assurance from the Audit Committee about the delivery of the work of the Audit Committee and the work of the Audit Chair during the period under review.

2. To provide the Chair of the Audit Committee with any feedback on this report or the work of the Committee.

The Governing Body welcomed the Audit committee Annual Report and did not provide feedback.

The Governing Body **NOTED** the Audit Committee Annual Report.

3 Commission and Strategy

3.1 Tower Hamlets CCG Governance Update

SH updated the Governing Body regarding recent CCG Governance, noting that in order to enable developments across the local health and care system through more integrated working as part of Tower Hamlets Together (THT), changes to the CCG's governance are necessary to empower and allow THT and WEL to make system decisions / recommendations on behalf of the CCG. SH explained that Terms of Reference (TOR) and Scheme of Delegation (SOD) for the new Strategic Finance and Investment (SFIC) Committee had now been finalised and was presented to the Governing Body for approval.

SH noted that the membership of the SFIC had been agreed by the Governing Body during an Organisational Development Session in March. The first meeting is due to commence in the coming weeks and will be cemented in CCG Governance when the Constitution update takes place. A summary of its minutes will be provided to the Governing Body as part of the Governing Body paper pack in accordance with the governance procedures at the CCG.

The Governing Body **APPROVED** the Terms of Reference (TOR) and Scheme of Delegation (SOD) for the new Strategic Finance and Investment (SFIC) Committee.

3.2 Financial Plan and Approval of 2017-18 Budgets

HB introduced the 2017/18 Financial Plan and 2017/18 Budgets, explaining that it would provide the Governing Body with the executive summary, business planning rules and assumptions, QIPP - 2017/18 Income, Expenditure Budgets, Planned Surplus, Risks and 2017/18 Budget summaries.

HB explained that the process of developing the budgets and business planning had been long and complex, noting that the general climate in the health and social care sector facilitated difficulties that were being experienced by both providers and commissioners. HB explained that the CCG were due to enter an important period as financial pressures will be difficult. HB explained that the planning process had been challenging and the submission of these plans had been tight but the CCG was able to submit by the deadline of the 23rd December. However, since this time the plans have had to go through a series of iterations such as changes to the STP Risk Level and the terms of meeting the STP Commissioning Control Totals.

HB explained that the issues experienced in other areas of the footprint such as in Barking, Havering and Redbridge meant that THCCG surrendered their £1.7 million drawdown and increased QIPP across the system in order to balance the control total. HB noted that whilst this had all been completed, it is becoming increasingly difficult to balance resulting in the highest level of QIPP the CCG has experienced with the higher rated risks against achieving these QIPP targets. HB explained that all QIPP targets need to be met in order to meet the control total and noted that the CCG has developed a contingency plan.

JS noted that the QIPP targets were very ambitious, querying the impact of these QIPP targets and seeking assurance that CCG and STP colleagues had correct information to know where to increase QIPP. JS further queried if the CCG and its STP colleagues had full oversight of these results of the QIPP targets on local patients and whether it was possible to fully comprehend the human impact of the QIPP targets.

HB explained that making cuts and delivering QIPP targets are different but accepted that in the current climate and issues in the healthcare landscape, they may feel similar. HB noted that if there was a planning gap, this may result in a discussion regarding further prioritisation but the CCG are not yet in this position. HB explained that the CCG have voluntarily entered

the capped expenditure process, which requires the CCG to have sight of this issue and ensure that the efficiency savings that are created are conducted without impact on front line services.

IH noted that the QIPP targets discussed at the transformation board were noted as very ambitious and if the QIPP targets are to be successful, it would need to be made clear to partners and providers at this stage of the QIPP development that different ways of working are required in order to meet targets. IH noted that some historical ways of working could hinder the success of the QIPP targets and modernisation in ways of working will be needed to overcome this issue.

JM noted that this was an opportunity to approach the NEL footprint regarding working differently and noted that it was felt the QIPP was ambitious. JM noted that payment reform could facilitate more QIPP opportunities as there is a finite amount of money in the system. JM noted that currently across NEL there is £140 million gap, some of which could be covered by sale of property, accessing the SRTF and other transformation services and by working with other CCGs to ensure all partners are working on QIPP schemes.

IH noted that this would be an appropriate time to approach a communications piece regarding cost pressures. SH informed the Governing Body that a future Governing Body OD session will take place with a joint Governing Body meeting to how we engage patients and CCG membership across multiple boroughs as this piece of work would need to be conducted jointly. SH asked EH to link in with the Local Authority to see how best to approach this message across the borough.

Action:

- **Ellie Hobart to engage with Local authority and partnership organisation regarding communications for cost pressures and STP developments.**

The Governing Body **NOTED** the Financial Plan and **APPROVED** the 2017-18 Budgets.

3.3 Healthy London Partnership

SH introduced the Healthy London Partnership Plan, noting that since HLP was established Sustainability and Transformation Plans (STPs) have emerged as mandated local 'structures' with a formal role in the delivery of transformation. In light of this, the London Transformation Group (LTG) agreed that an in-depth review of the activity required to enable whole system transformation would be undertaken to inform how HLP should develop. There was a recognition of the need to prioritise HLP activity and resources and reconsider the operating model to support the system in moving from planning to delivery.

SH explained that the paper contained progress to date in the Healthy London Partnership; the output of the 2017/18 planning process, and; a recommendation to proceed with the proposed programme on the basis that the strategic function and embedded resource costs are agreed for the next two financial years and project costs are agreed for one year with an annual planning cycle to be taken forward.

The Governing Body **NOTED** the review and recent achievements of the Healthy London Partnership and **APPROVED** the London Transformation Group Recommendations.

3.4 East London Healthcare Partnership

JM introduced the East London Healthcare Partnership Agreement, explaining that the East London Health and Care Partnership (ELHCP) Board approved the Partnership Agreement on 29th March 2017 and the Agreement would go live on 1st April 2017. JM explained that

partnership boards and Governing Bodies are being asked to review and sign up to the Partnership Agreement (formerly the MoU), for the governance arrangements of the ELHCP.

JM explained that the partnership agreement was a step towards encouraging the partnership organisations that sit within the ELHCP to work together collectively. JM noted that it had caused some issues across the patch but was largely supported with great appetite in the ELHCP groups to work together for reform and review of the system in North East London. JM noted that the agreement and partnership was work in progress and would need review in the future as the system and health and social care landscape evolves.

MD noted that the document was often confusing in places and that the document stated that, if signed, it would not delegate any authority from the CCG to the ELHCP which was later contradictory to section 8.2 in the document. MD noted that the City and Hackney CCG are conducting a legal review of the document which would be helpful for THCCG to review. MD queried what it meant for the CCG if the document was signed.

JM explained that section 8 covers the areas which would need STP sign off at Board level which would not result in taking away decision making from the statutory organisations and noted that the wording could be phrased in a different way to communicate this more effectively.

The Governing Body **APPROVED** the agreement in its current form.

5. Questions

5.1

SE welcomed members of the public seated in the gallery.

Councillor Rabina Khan (RK, Independent Councillor, Tower Hamlets), visited the Governing Body meeting accompanied with families and parents who use the local John Smiths Children Centre and the Bangladeshi Parents Advisory Service. RK explained that she had been advocating for the families and parents and would be translating on behalf of some of the parents, who wished to ask the CCG questions relating to the service and recent changes which had affected these services.

RK explained that a number of families benefit from the service, especially in regards to the social and wellbeing outcomes for the parents and their children. RK noted that families with children who have severe disabilities often experience discrimination and are isolated, resulting in a need for services such as these in order to mitigate these issues.

RK translated on behalf of ‘A’, a parent in the group. ‘A’ asked how the Governing Body and CCG intend to look after the service and ensure that the positive outcomes experienced will be continuous now the service has been changed. ‘A’ noted that the vulnerable families receive specialised care and that the carer’s service is friendly and empathic, with trust that has been built over years with a focus on cultural sensitivity. ‘A’ asked what the replacement service will look like now the service has changed.

‘A’ explained that the majority of carers are Bangladeshi mothers, and there is a stigma attached to the disabilities and children and families with children of disabilities. A noted that the parents feel that the CCG has discriminated against their needs and asked how will CCG meet both theirs and their children’s needs. ‘A’ asked why was the decision to change the service was taken and why the service has been changed, noting that removal of the service accelerated a cycle where social services will be overall involved with a lack of it intervention and prevention that the old service provided.

SH explained that, as this question had come to the Governing Body on the day of the meeting, the CCG would require time to investigate the issues regarding the Bangeldeshi Parents Advisory Service. SH explained the background to the service and its changes, noting that the Community Learning Disability service was run by NHS Barts Health but has now been moved to ELFT as part of reprocurement of the Community Learning Disability Service (CLDS) an aspect of the CLDS contact that has been jointly commissioned with local authority. SH explained it is not the CCG intention to change services radically and the intention of the recommissioning was to provide a service that attended to the needs of the community.

SH assured RK and the parents group that the CCG were listening to their grievances and would endeavour to work with CCG and Local Authority colleagues to discuss a suitable outcome regarding the health services such as the services at the John Smiths Children's Centre and the Bangladeshi Parents Advisory Service.

SH noted that he was aware that the group and RK had met with Edwin, but was unsure of the outcome of the meeting. SH explained that the CCG oversaw the commissioning of services at a high level and ELFT, who had taken over the service, decided on the detail of the restructure. SH felt that these queries needed more investigation from the CCG in order to provide an appropriate answer for the families for their questions.

RK felt that the families had not received appropriate answers thus far and explained that the meeting with Edwin had been full of mixed messages. RK explained that the staff working with the families would be leaving after three months as they had taken voluntary redundancy and noted that within the meeting with Edwin, this information had been difficult to elicit. RK explained that many organisations had given similar messages of coming back to the parents with answers and noted this with concern. RK explained that the group would like be part of discussions of the evolving service in order to ensure their voices are heard.

RK noted that the group had been told that social workers would take place of support worker as the contact for the service and as social workers are already overstretched, this would be unlikely to be a successful replacement of the service contact and is a different type of prevention work.

SH noted RK's position on the multiple messages the families had received and explained that he would work with Maggie Buckell, the CCG Governing Body lead for Children and young people, to discuss this at the Children's and Young People's Board in order to investigate this further. SH thanked the families for visiting, noting that the questions and issues raised had been extremely helpful for the CCG to hear and note.

'A' further asked if funding was an issue that resulted in these contract changes. SH explained that he felt that there was not a correlation between funding and contract changes but would need more information from East London Foundation Trust in order to ascertain the specific detail of why this situation had occurred.

IH noted that the offer that NHS Barts Health had provided the CCG as part of this contract did not apply to all people with disabilities and ELFT offered a more widespread service across the borough. IH noted that the CCG make decisions based on the information it is given and that whilst the contract had gone live and therefore could not be changed, the CCG would need to review why such an oversight took place with engagement with local people via providers. IH noted that the CCG will use lesson learning from this procurement to ensure that this is done differently in future.

RK noted that this situation was further exasperated by the negative Ofsted Report for the children's services provided by the Local Authority which had recently been released,

explaining that the preventative work that took place in the service stopped children being taken in to social services which have been deemed inadequate.

SH and SE thanked 'A', the families and RK for their questions and noted that the CCG would investigate this further.

End

Action Log

Action ref	Action required	Lead	Due Date	Outcome/Update	Status
10May17 #1	Ellie Hobart to engage with Local authority and partnership organisation regarding communications for cost pressures and STP developments.	EH	Sept 2017	In progress.	
10May17 #2	SH and Maggie Buckell, will discuss the issues raised by the members of the public at the Children's and Young People's Board and investigate the issues raised.	SH/MB	Sept 2017	In progress.	