

## Governing Body meeting (held in public)

**DATE: 30 July 2015**

<b>Title</b>	<b>Minutes from the South East London CCGs' Clinical Strategy Committee meeting of 21 May 2015</b>	
This paper is for <b>Decision</b>		
Recommended action for the Governing Body	That the Governing Body:  1. <b>Note</b> the minutes of South East London CCGs' Clinical Strategy Committee meeting of 21 May 2015	
Potential areas for Conflicts of interest	None	
Executive summary	<p>The Clinical Strategy Committee minutes are from its meeting on 21 May 2015.</p> <p>The meeting discussed: the South London Clinical Research Network and CCG Involvement; the refresh of CSC terms of reference; an update on the Our Healthier South East London Programme; collaborative governance arrangements and the stakeholder reference group:</p>	
How does this paper support the CCGs objectives?*	<b>Patients:</b>	Not applicable
	<b>People:</b>	Not applicable
	<b>Pounds:</b>	Not applicable
	<b>Process:</b>	Not applicable
What are the Organisational implications	Key risks	None arising from this report
	Equality	None arising from this report
	Financial	None arising from this report
	Data	None arising from this report
	Legal issues	None arising from this report

**Clinical Commissioning Group**

	NHS constitution	None arising from this report
Engagement	None in relation to this report	
Audit trail	None	
Comms plan	None in relation to this report	
Author: Jon Winter	Clinical lead: Chair, Dr Howard Stoate	Executive sponsor: Chief Officer, Sarah Blow
Date	17 July 2015	

## MEETING MINUTES

### Clinical Strategy Committee

Thursday 21 May, 11.15 – 12.45

Room m 519, 160 Tooley Street, SE1

Chair – Amr Zeineldine

#### Members in Attendance

Amr Zeineldine	Chair CCB and CSC
Jane Fryer	NHS England
Martin Wilkinson	Lewisham CCG
Jonty Heaversedge	Southwark CCG
Andrew Bland	Southwark CCG
Peter Gluckman	Independent Chair, SE London Stakeholder Reference Group
Ellen Wright	Greenwich CCG
Adrian McLachlan	Lambeth CCG
Annabel Burn	Greenwich CCG
Zoe Lelliott	Acting Managing Director, Health Innovation Network

#### Other Attendees:

Caroline Taylor	Commissioning Strategy Programme
Anna English	Commissioning Strategy Programme
Jo Burns	Guys and St Thomas', Clinical Research Network: South London

#### Apologies:

Nada Lemic	Director of Public Health, NHS Bromley CCG, SE London Public Health Lead
Will Tuckley	London Borough of Bexley
Marc Rowland	Lewisham CCG
Angela Bhan	Bromley CCG
Howard Stoate	Bexley CCG
Andrew Eyres	Lambeth CCG
Sarah Blow	Bexley CCG
Andrew Parson	Bromley CCG

#### DECISIONS FROM THIS GROUP MEETING

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
39	Action	Re-circulate DOI forms	AEn	Clinical Strategy Committee	21 May	10 Jun	Open	
40	Action	Any decisions were proposed at this meeting, these would need to be agreed by members who had offered apologies via email	CT/AEn	Clinical Strategy Committee	21 May	10 Jun	Open	

41	Action	SB/ABh to agree sign off of APC TORs and appeals process	SB/ABh	Clinical Strategy Committee	21 May	10 Jun	Open	
42	Action	Paper to go to IEG setting out requirements for CRN responsibility	JB	Clinical Strategy Committee	21 May		Open	
43	Action	Minutes of this committee are shared with CCG governing bodies. They should record that the Clinical Commissioning Board formally took place and then append the CCB agenda to the CSC minutes	CT/AEn	Clinical Strategy Committee	21 May		Open	
44	Action	CCGs to ascertain their positions in relation to collective governance CT to speak to NHS E to see if we can defer the request for changes to constitutions slightly	COs  CT	Clinical Strategy Committee	21 May		Open	

**OUTSTANDING ACTIONS FROM PREVIOUS GROUP MEETINGS**

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
37	Action	Integration Approach between 111 and OOH to be CSC Seminar agenda in June	CT/AEn	Clinical Strategy Committee	19 Mar	24 Apr	Open	15/4 agenda item for June 21/5 June date agreed for strategy. Alternative date to be found
38	Action	Activity and performance paper to be shared	ABh	Clinical Strategy Committee	19 Mar	31 Mar	Open	21/5 ABu to check if going to systems resilience groups

**ACTIONS CLOSED AT THIS MEETING**

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
34	Action	111 to be added to SRG and linked to U&EC in June	PG	Clinical Strategy Committee	19 Mar	24 Apr	Closed	21/5 added. Close
35	Action	COs to feedback to whether they need to include the committee on common in their committees	CO's	Clinical Strategy Committee	19 Mar	31 Mar	Closed	21/5 Close
36	Action	Chair of the governance directors to provide a paper to bring to this meeting that addresses the broader issue of collaborative governance	ABI/SEE	Clinical Strategy Committee	19 Mar	24 Apr	Closed	21/5 being raised with gov leads mtg. Gilbert George was working on this and it would come back to this mtg. Close
27	Action	MW to speak to CS regarding patient safety work	MW/CS	Clinical Strategy Committee	15 Jan		Closed	19/3 in hand 21/5 conduct as and when. Close

## 1. Welcome and Apologies:

- 1.1. Amr Zeineldine welcomed members. Apologies were noted as listed above
- 1.2. Declarations of interests were confirmed as noted on the register, although some members noted they were now members of GP federations. It was **AGREED** to recirculate Declarations of Interest forms (**Action 39**)
- 1.3. The minutes of last meeting were **AGREED** as an accurate account of the discussion that took place
- 1.4. Caroline Taylor ran through the actions that had been closed since the previous meeting as reflected in the action log above
- 1.5. Caroline Taylor advised that if any decisions were proposed at this meeting, these would need to be agreed by members who had offered apologies via email (**Action 40**)
- 1.6. Caroline Taylor reminded members of the need to formally sign off the APC terms of reference and appeals process which had been circulated via email since the last meeting. Members present **AGREED** the amendments. Sarah Blow and Angela Bhan to confirm they are content (**Action 41**)

## 2. South London Clinical Research Network (CRN) and CCG Involvement:

- 2.1. Ellen Wright had requested this agenda item on behalf of Brendan Delaney; she advised that Brendan Delaney was looking to hand over this role, which he felt would sit better within primary care with provider representation. She confirmed that there had been an interim arrangement in place for the last 2 years but with changes in co-commissioning the board wanted to be sure that this went to the right place. There is a budget that follows this CRN and they are keen to have executive members from CCGs and NHS England. Ellen Wright described the level of input needed and that there was funding to support a band 8b manager time, this was a post currently seconded at GSTT

- 2.2. Amr Zeineldine asked members to consider in principle whether there should be one CCG representative from south London
- 2.3. Members discussed the proposal and noted that the post holder would have financial responsibility. As this was non trust based research, should it tie in with education. Jo Burns advised that the funding was for a back fill and that GPs/nurses would invite people into clinical trials but the funds would free up time from their day jobs. Members felt that the role might sit better with a primary care provider
- 2.4. Zoe Lelliott advised that she sat on the CRN Board; she commented on the scale of resources being obtained and emphasised the value of growing research in south London. Caroline Taylor suggested that another paper go to IEG that outlined the role of the 8b member of the CRN partnership group and the responsibility of the organisation so the chief officers can take a view. This information could then be shared with south west London. It was noted that this group can only offer the views of south east London not all of south London (**Action 42**)

### 3. Refresh of CSC Terms of Reference:

- 3.1. Caroline Taylor updated members on the changes that she was proposing to the terms of reference for this committee to reflect the current position. Members **AGREED** these changes
- 3.2. Caroline Taylor then took members through the further issues for discussion:
  - **Point 4:** Is the committee still the appropriate liaison point for NHS England in relation to specialised commissioning? Members **AGREED** that it was
  - **Point 14:** in view of the proposed establishment of the Committee in Common for Strategic Decision Making, would it be appropriate to remove the reference to the four tests for reconfiguration? Members **AGREED**
  - **Point 16:** Clinical Network leads are not currently members of the committee. Members **AGREED** to remove them from the terms of reference
  - **Point 17:** Would it be appropriate for the meeting still to be considered quorate with up to two CCG representatives being deputies? It was **AGREED** 6 CCGs to be in attendance, up to 2 CCGs can send deputies or when all CCGs are not represented decisions can be agreed via email but ratification of a significant decisions should be brought back to a future meeting
  - **Point 28:** Could members review this paragraph, in the context of equality considerations and consider what was originally intended, so that it can be appropriately phrased? The greatest good for the greatest number might not be the only or best test to apply to decisions. Members **AGREED** to remove this point

- 3.1 Caroline Taylor advised that Gilbert George had suggested that point 10 on the Terms of Reference – *Act as an escalation point for issues requiring consideration across CCGs*, be amended to *Act as a mediator for grievance or dispute amongst CCGs for local resolution prior to external mediation and external adjudication*. Caroline Taylor said she understood that this group can mediate but could not arbitrate. The following point was noted;
  - This group cannot mediate between its own members but can facilitate working together

### 4. Our Healthier South East London Programme Update:

- 4.1 Caroline Taylor reminded members that the minutes of this committee are shared with CCG governing bodies, and that the Clinical Commissioning Board reported to the Clinical Strategy Committee. It was agreed that the Clinical Strategy Committee would have a standing item

that the Clinical Commissioning Board agenda and minutes would be appended the Clinical Strategy Committee minutes. Members **AGREED (Action 43)**

**5. Collaborative Governance Arrangements:**

- 5.1 Andrew Bland advised that the revised draft collaborative governance agreement would be shared at the chief officers' meeting and they will make a recommendation to the Clinical Strategy Committee, he recognised that the current agreement is out of date
- 5.2 Caroline Taylor updated on the Committee in Common for Strategic Decision Making, of CCGs. Members had a full discussion about the proposed establishment and voting arrangements and fed back from governing body meeting where these had taken place
- 5.3 Andrew Bland asked members to take personal oversight of the issues
- 5.4 Caroline Taylor took members through the voting proposals for the Committee in Common and noted that there has to be governing body support for any decision by the committee. As agreement could not be reached today, Caroline Taylor agreed to speak to NHS England to ascertain if submission of constitutional changes could be deferred, it was agreed to raise at IEG on 22 May and 8 June, to reach a position that was suitable for all CCGs (**Action 44**)

**6. Stakeholder Reference Group:**

- 6.1 Peter Gluckman updated members on the work of the Stakeholder Reference Group and a note of this is appended to these minutes

**7. Specialised Services Commissioning:**

- 7.1 This item was not discussed

**8. Co-commissioning of Primary Care:**

- 8.1 This item was not discussed

**9. Any other business**

- 9.1 There was no other business discussed

**Date of Next Meeting**

16 July 2015 10.45 - 12.45 Room 519, 5th Floor, 160 Tooley Street