

## Governing Body (public) meeting

**DATE: 26 March 2015**

| Title                                     | Clinical Strategy Committee  |
|---|--|
| Recommended action for the Governing Body | <p>That the Governing Body:</p> <p><b>NOTE</b> the Clinical Strategy Committee minutes for 20 November 2014.</p>   |
| Executive summary                         | <p>The Clinical Strategy Committee (a committee in common of the six CCGs in south east London) met on 20 November and the minutes of that meeting are attached. These were approved by the committee when it met on 15 January. The January meeting considered items relating to:</p> <ul style="list-style-type: none"> <li>• London primary care transformation: a presentation was received from NHS England and current arrangements for consultation on the proposed specification for primary care were noted</li> <li>• Collective governance: members discussed proposals for the governance of strategic decision making across south east London and agreed a process to take this forward. This will be the subject of further discussions with each governing body</li> <li>• The Health Innovation Network (HIN): there was a presentation on the role of the HIN and its role in supporting the dissemination of research findings and translation into practice and detailed information on the HIN's work on diabetes. Discussion included how to make the most of the opportunities for working in partnership with the HIN</li> <li>• The South East London Stakeholder Reference Group: Peter Gluckman, the independent chair of the group, reported on the group's work over the two years of its existence. Members recognised the valuable work undertaken by the group and subsequently approved the continuation of the Stakeholder Reference Group through 2014/15</li> <li>• Brief progress reports were also received on the re-procurement of the 111 service and work on specialised services across London</li> </ul> <p>The next meeting of the committee will take place on 19 March.</p> |

## Clinical Commissioning Group

|   |   |  |   |
|---|---|--|---|
| Which objective does this paper support?                  | <b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders  |  | ✓ |
|   | <b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London   |  | ✓ |
|   | <b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation                                     |  | ✓ |
|   | <b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience |  | ✓ |
| Organisational implications                               | Key risks<br><small>(corporate and/or clinical)</small>   | N/A  |   |
|   | Equality and diversity  | N/A  |   |
|   | Patient impact  | N/A  |   |
|   | Financial   | N/A  |   |
|   | Legal issues  | N/A  |   |
|   | NHS constitution  | N/A  |   |
| Consultation (public, member or other)                    | N/A   |  |   |
| Audit<br>(considered/approved by other committees/groups) | Not applicable at this stage.   |  |   |
| Communications plan                                       | N/A   |  |   |
| Author  | Mary Stoneham, Board Secretary  |  |   |
|   | Clinical lead<br><br>Howard Stoate<br>Chair of CCG  | Executive sponsor<br><br>Simon Evans-Evans<br>Director of Governance and Quality |   |
| Date  | 6 March 2015  |  |   |

## MEETING NOTES

### Clinical Strategy Committee

Thursday 20 November 2014, 10:45 – 12:45

519, 5<sup>th</sup> Floor, 160 Tooley Street

Chair – Amr Zeineldine

#### Members in Attendance

|                        |   |
|------------------------|---|
| Amr Zeineldine (AZ)    | Chair CCB and CSC   |
| Jane Fryer (JF)        | NHS England   |
| Howard Stoate (HS)     | Bexley CCG  |
| Sarah Blow (SB)        | Bexley CCG  |
| Andrew Parson (AP)     | Bromley CCG   |
| Angela Bhan (ABh)      | Bromley CCG   |
| Adrian McLachlan (AL)  | Lambeth CCG   |
| Andrew Eyres (AE)      | Lambeth CCG   |
| Martin Wilkinson (MW)  | Lewisham CCG  |
| Jonty Heaversedge (JH) | Southwark CCG   |
| Andrew Bland (ABI)     | Southwark CCG   |
| Peter Gluckman (PG)    | Independent Chair, SE London Stakeholder Reference Group    |
| Steve Whiteman (SW)    | Royal Borough of Greenwich (for Directors of Public Health) |

#### Other Attendees:

|                      |                                  |
|----------------------|----------------------------------|
| Simon Hall (SH)      | Greenwich CCG (for Annabel Burn) |
| Rebecca Rosen (RR)   | Greenwich CCG (for Ellen Wright) |
| Gemma Gilbert (GG)   | NHS England, London Region       |
| Caroline Taylor (CT) | Commissioning Strategy Programme |
| Anna English (AEn)   | Commissioning Strategy Programme |

#### Apologies:

|                      |  |
|----------------------|--|
| Ellen Wright (EW)    | Greenwich CCG  |
| Chris Streather (CS) | Managing Director, South London AHSN                                     |
| Will Tuckley (WT)    | London Borough of Bexley   |
| Nada Lemic (NL)      | Director of Public Health, NHS Bromley CCG, SE London Public Health Lead |
| Annabel Burn (ABu)   | Greenwich CCG  |
| Marc Rowland (MR)    | Lewisham CCG   |

#### DECISIONS FROM THIS GROUP MEETING

| ID  | Type   | Risk / Issue / Action / Decision Description                                   | Owner | Meeting | Agreed Date | Due Date | Status | Comments |
|-----|--------|--|-------|---------|-------------|----------|--------|----------|
| 017 | Action | Any declarations to be fed back to AEn   | AEn   | CSC     | 20 Nov      | 6 Jan    | Open   |          |
| 018 | Action | Members to share System Redesign for London NHS Commissioners document locally | ALL   | CSC     | 20 Nov      | 6 Jan    | Open   |          |
| 019 | Action | Forward plan to be discussed with COs to ascertain if SRG continuing           | CT    | CSC     | 20 Nov      | 6 Jan    | Open   |          |

|     |        |   |     |     |        |       |      |  |
|-----|--------|---|-----|-----|--------|-------|------|--|
| 020 | Action | IEG to take forward work on transforming Primary Care in London and make any necessary recommendations to CSC | CT  | CSC | 20 Nov | 6 Jan | Open |  |
| 021 | Action | Write up discussion on co-commissioning   | SB  | CSC | 20 Nov | 6 Jan | Open |  |
| 022 | Action | Collaborative agreement to be considered further by IEG and come back to this committee                       | ABI | CSC | 20 Nov | 6 Jan | Open |  |

### OUTSTANDING ACTIONS FROM PREVIOUS GROUP MEETINGS

| ID | Type   | Risk / Issue / Action / Decision Description                               | Owner | Meeting                     | Agreed Date           | Due Date             | Status | Comments   |
|----|--------|--|-------|-----------------------------|-----------------------|----------------------|--------|--|
| 16 | Action | 111 procurement initiative to be given standing update slot on each agenda | AEn   | Clinical Strategy Committee | 18 <sup>th</sup> Sept | 20 <sup>th</sup> Nov | Open   | To be added to next agenda 12/11 ABh advised to discuss at January meeting |

### ACTIONS CLOSED AT THIS MEETING

| ID  | Type   | Risk / Issue / Action / Decision Description                       | Owner | Meeting | Agreed Date | Due Date | Status | Comments                 |
|-----|--------|--|-------|---------|-------------|----------|--------|--------------------------|
| 015 | Action | Agree where GP standards to be sent for consideration (governance) | ABI   | CSC     | 24 July     | 31 July  | Closed | 20/11 agenda item, Close |

### 1. Welcome and Apologies:

- 1.1. Amr Zeineldine welcomed members. Apologies were noted as listed above
- 1.2. The minutes of last meeting were **AGREED** as an accurate account of the discussion that took place.
- 1.3. Amr Zeineldine asked that members give any updated declarations of interest to Anna English (**Action 17**)
- 1.4. Caroline Taylor ran through the actions that had been closed since the previous meeting as reflected in the action log above

## **2. London Wide Response to London Health Commission Report:**

- 2.1. Andrew Eyres took members through the draft paper that would be shared with COs and chairs with NHS England later today. He asked for feedback from members and advised that the deadline for feedback to the London Health Commission was the end of November. He asked if there was anything from a south east London perspective that needed adding. There were no further comments from members, who had already been sighted on this document
- 2.2. Amr Zeineldine said that CCGs and NHS England must take a proactive approach to this work, and members agreed

## **3. System Redesign for London NHS Commissioners:**

- 3.1. Andrew Eyres took members through the proposals about how CCGs work together across London; he highlighted the priority areas on page 12. He continued by describing the proposals for resourcing: London wide enabling work and implementation locally. NHS England had agreed £1 million to support London wide working on the priority issues
- 3.2. Andrew Eyres asked the committee to share this document with CCG members (**Action 18**)
- 3.3. Andrew Bland said that a small group for south east London would need to be set up (mirroring the system design team for London), 4 or 5 members. He suggested a need to test the governance structures that are shown in the SPG paper. Andrew Eyres added that it was important that the language was correct and reflected that it was a co-produced document

## **4. Stakeholder Reference Group Update:**

- 4.1. Peter Gluckman updated members on the work of the Stakeholder Reference Group. He asked the group to use the Stakeholder Reference Group to help shape engagement on any significant decisions
- 4.2. Peter Gluckman advised that the Stakeholder Reference Group was coming to the end of its current life cycle and asked if members wished Stakeholder Reference Group to continue to plan ahead and put dates in the diary for future meetings
- 4.3. Peter Gluckman was proposing to bring a report to the January meeting outlining the work undertaken over the last 21 months to enable the CCGs to make a decision about the future
- 4.4. Peter Gluckman asked if John King as Chair of the Patient and Public Advisory Group for Our Healthier South East London could join Stakeholder Reference Group
- 4.5. Caroline Taylor suggested that she work with Peter Gluckman to draft a forward programme for discussion with COs to enable the Clinical Strategy Committee to make a decision. Members **AGREED** this process and agreed that in the meantime future meetings should be scheduled provisionally (**Action 19**)

## **5. Transforming Primary Care in London:**

- 5.1. Gemma Gilbert from NHS England took members through the paper on transforming primary care. She advised that the paper had been developed with CCGs and was still a work in progress. Gemma Gilbert stressed that the current version was not for wider sharing but a final version would be made available
- 5.2. The next stage would be to include local plans and local engagement and there would be a need to work with CCGs to do this. Gemma Gilbert and her colleagues would be able to attend local events. She brought members' attention to the enablers section. The following points were raised:



- The aims were agreed, but how to deliver is the challenge. Co-commissioning alone will not achieve this, but it will help
  - What was in the paper presented fits with the south east London Case for Change and the local plans
  - Andrew Bland reflected on the links with the south east London strategy and the need to plan by borough to achieve the outcomes if not already doing so
  - The implications if practices chose to opt out would require further consideration
  - Some of the workforce work across London could be used in the south east London strategy
  - It was noted that this was a document for commissioners and did not reference Health Education England, but Gemma Gilbert confirmed that Local Education and Training Board had been included in the work
  - It was noted that Health Education South London was included in the south east London strategy. This conversation would be wider than just primary care
- 5.3. Amr Zeineldine asked that IEG take this piece of work forward and come back to CSC with any recommendations (**Action 20**)
- 5.4. Andrew Bland emphasised the need to think about enablers and start to do the work
- 5.5. Gemma Gilbert confirmed that NHS England was happy to attend CCG events if that would be helpful
- 5.6. Angela Bhan reflected on the importance of engaging with HESL for the whole strategy, and also with providers
- 5.7. Andrew Bland suggested that CCGs have local discussions on Primary Care Transformation on the programme, and this group should track progress. Health and Wellbeing Boards and Governing Bodies would receive the final document once it is published on 26 November

## **6. Co-commissioning of Primary Care:**

- 6.1. Andrew Bland advised that at a recent meeting with NHS England about primary care co-commissioning the timetable and delegation arrangements for primary care co-commissioner were clear and proposals have to be submitted by 30 January 2015. He continued that there were two emerging options for south east London, join at level two – joint committee or level two plus – joint committee with a view to full delegation later
- 6.2. In the workshop being held in December there is a need to move from a proposition to a decision on:
- Governance
  - Conflicts of Interest
  - Finance
  - Commissioning resources
- 6.3. It was noted that CCG membership would need to support any proposal and Andrew Eyres reminded the group of the requirements related to any proposed change to a CCG constitution
- 6.4. Amr Zeineldine asked whether there was any flexibility in the deadlines and Jane Fryer advised that the timescale for proposals could not be varied. She also clarified that if full delegation was required, this was expected to be from April
- 6.5. Sarah Blow agreed to write up this discussion (**Action 21**)
- 6.6. Andrew Bland suggested that level two would allow CCGs to understand the issues before taking on the full risk, Jonty Heaversedge commented on the need for safe governance to be combined with the value of having clinical leadership in CCGs.
- 6.7. It was agreed that CCG members would wish to have a clear description of the benefits

- 6.8. Rebecca Rosen suggested that co-commissioning could offer different opportunities to support local networks
- 6.9. Adrian McLachlan said that there needed to be a clear message that is shared with members outlining the journey and practicalities. There is also a need to think about patients, patient groups and Health and Wellbeing Boards
- 6.10. Amr Zeineldine summarized the conversation:
  - The detailed further delegated work would be to COs
  - This committee would continue to take an overview
  - Governing Bodies need to be clear about what they are being asked and to make recommendations for consideration by members
  - It was noted that south east London was looking at a level 2, with the potential for full delegation later
  - Jonty Heaversedge suggested that a description of what would happen practically for members would be useful

## **7. Collaborative Agreement:**

- 7.1. Caroline Taylor advised that this document had been discussed at the last meeting and with NHS England. She took members through what would be required if they wished to put different arrangements in place together, with an initial proposal for a joint committee, which would be a committee of each CCG's membership
- 7.2. Caroline Taylor continued that the NHS England position was not fully resolved as to whether they would be a member of a joint committee or make a decision beforehand or subsequently. Caroline Taylor advised that any decision made should be a unanimous decision of all CCGs
- 7.3. Sarah Blow asked how the decision of a joint committee rather than a committee in common had been reached. Caroline Taylor explained the process and the legal advice she had received
- 7.4. One risk identified was that if a joint committee was a committee of the membership, then the relationship with the CCG was not clear. Andrew Eyres noted that the collaboration between CCGs and NHS England was a key element
- 7.5. Rebecca Rosen added that the important issue was the ability to make good decisions and Martin Wilkinson suggested that we need to be specific about why we are setting up this group, emphasised the importance of unanimous decisions
- 7.6. Amr Zeineldine suggested that the paper be further iterated to take forward proposals for these governance arrangements and a timescale for this work
- 7.7. Andrew Bland confirmed that there would be a meeting with NHS England later today which would inform the discussion in relation to system change in primary care co-commissioning and specialised co-commissioning. He suggested therefore that there would be a need to return to this issue
- 7.8. Caroline Taylor asked members to think about the timetable set out on page five of the paper and that proposed this item would go first to IEG and then come back to the next meeting of this group (**Action 22**)
- 7.9. Andrew Eyres reminded members that there were limited opportunities to change constitutions

## **8. Any Other Business:**

- 8.1. There was no other business discussed
- 8.2. Amr Zeineldine thanked the group for their time

**Next Meeting**

15 January 2015

10.45 – 12.45 **Xenia, 2 Seker Street, SE1 8UF**

DRAFT