

Governing Body (public) meeting

DATE: 21 May 2015

Title	South East London Clinical Strategy Committee	
Recommended action for the Governing Body	That the Governing Body: NOTE the Clinical Strategy Committee minutes for 15 January 2015.	
Executive summary	<p>The South East London Clinical Strategy Committee met on 19 March, where the minutes of the previous meeting, held on 15 January, were approved as a correct record.</p> <p>The January meeting had items on:</p> <ul style="list-style-type: none"> • The work carried out by the primary care transformation team • The work that had been carried out in relation to collective governance • The work of the Health Innovation Network • The work of that had been carried out by the Stakeholder Reference Group over the preceding 21 months • The procurement of 111 service in south east London. • The time frame for co-commissioning of specialised services in London. 	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	N/A
	Equality and diversity	N/A
	Patient impact	N/A

Clinical Commissioning Group

	Financial	N/A
	Legal issues	N/A
	NHS constitution	N/A
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	N/A	
Communications plan	N/A	
Author	Jon Winter, Assistant Director, Communications and Corporate Services	
	Clinical lead Howard Stoate Chair	Executive sponsor Simon Evans-Evans Director of Governance and Quality
Date	6 May 2015	

MEETING MINUTES

Clinical Strategy Committee

Thursday 15 January, 10:45 – 12:45

Xenia, 2 Secker Street, SE1 8UF

Chair – Amr Zeineldine

Members in Attendance

Amr Zeineldine	Chair CCB and CSC
Jane Fryer	NHS England
Howard Stoate	Bexley CCG
Sarah Blow	Bexley CCG
Andrew Parson	Bromley CCG
Angela Bhan	Bromley CCG
Andrew Eyres	Lambeth CCG
Martin Wilkinson	Lewisham CCG
Jonty Heaversedge	Southwark CCG
Andrew Bland	Southwark CCG
Peter Gluckman	Independent Chair, SE London Stakeholder Reference Group
Chris Streather	Managing Director, South London AHSN
Will Tuckley	London Borough of Bexley

Other Attendees:

Gemma Gilbert	NHS England, London Region
Dr Charles Gostling	South London AHSN
Laura Spratling	South London AHSN
Caroline Taylor	Commissioning Strategy Programme
Anna English	Commissioning Strategy Programme

Apologies:

Ellen Wright	Greenwich CCG
Nada Lemic	Director of Public Health, NHS Bromley CCG, SE London Public Health Lead
Annabel Burn	Greenwich CCG
Marc Rowland	Lewisham CCG
Adrian McLachlan	Lambeth CCG
Steve Whiteman	Royal Borough of Greenwich (for Directors of Public Health)

DECISIONS FROM THIS GROUP MEETING

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
23	Action	Detailed timeline for constitutional changes to be produced and shared with NHS England	CT	Clinical Strategy Committee	15 Jan		Open	
24	Action	Names of CCG governance leads to be shared Fuller timetable with legal approach to be shared	COs CT	Clinical Strategy Committee	15 Jan		Open	Meeting of governance leads discussed and agreed broad approach on 27/2

25	Action	Collective governance work to be carried out virtually and brought back to next meeting	CT/COs	Clinical Strategy Committee	15 Jan		Open	
26	Action	Chris Streather to share a note on the HIN	CS	Clinical Strategy Committee	15 Jan		Closed	24/2 update shared with mins. Close
27	Action	MW to speak to CS regarding patient safety work	MW/CS	Clinical Strategy Committee	15 Jan		Open	
28	Action	Diabetes self-management toolkit information to be shared within CCGs	COs Chairs	Clinical Strategy Committee	15 Jan		Open	
29	Action	Update for governing body papers on 111 procurement	ABh	Clinical Strategy Committee	15 Jan		Open	
30	Action	Specialised services update to be standing agenda item	AEn	Clinical Strategy Committee	15 Jan		Closed	13/3 agenda item. Close
31	Action	Permissive piece around joint committees to be added to constitutions	COs	Clinical Strategy Committee	15 Jan		Closed	13/3 Part of February changes: close
32	Action	Covering note to be shared along with minutes of CSC for governing body meetings	CT	Clinical Strategy Committee	15 Jan		Closed	24/2 shared. Close

OUTSTANDING ACTIONS FROM PREVIOUS GROUP MEETINGS

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments

ACTIONS CLOSED AT THIS MEETING

ID	Type	Risk / Issue / Action / Decision Description	Owner	Meeting	Agreed Date	Due Date	Status	Comments
022	Action	Collaborative agreement to be considered further by IEG and come back to this committee	ABI	CSC	20 Nov	6 Jan	Closed	15/1 agenda item. Close
021	Action	Write up discussion on co-commissioning	SB	CSC	20 Nov	6 Jan	Closed	15/1 complete. Close
018	Action	Members to share System Redesign for London NHS Commissioners document locally	ALL	CSC	20 Nov	6 Jan	Close	15/1 shared. Close
017	Action	Any declarations to be fed back to AEn	AEn	CSC	20 Nov	6 Jan	Closed	15/1 updated with those received. Close
016	Action	111 procurement initiative to be given standing update slot on each agenda	AEn	Clinical Strategy Committee	18th Sept	20th Nov	Closed	To be added to next agenda 12/11 ABh advised to discuss at January meeting 15/1 agenda item. Close

1. Welcome and Apologies:

- 1.1. Amr Zeineldine welcomed members. Apologies were noted as listed above
- 1.2. Declarations of interests were declared as noted on the register and Peter Gluckman declared an interest in relation to them
- 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

2. London Primary Care Transformation:

- 2.1. Jemma Gilbert noted that members were aware of the work undertaken by the primary care transformation team, and reminded members that she was going round CCGs to share the work and hear feedback. There was still an opportunity to feedback on the framework and Jemma would welcome this. The sense to date was that the framework was good, but there had been challenges around finance and workforce. Jemma Gilbert continued that there would be a refresh in April with a supplement that outlined how the work would be done. She asked what can we do to shape the next steps together, and the following points were raised:

- We understand what we need to do but the challenge is how we make this happen. Jemma Gilbert replied that NHS England is planning workshops to develop the thinking on implementation. The NHS England team is working with different areas to ascertain what they are already doing and what the funding is in order build on existing work
- Andrew Eyres talked about possible sources of funding for SPGs
- It would be really important to start to understand the funding in years 1 - 5 from a national and London point of view. Jemma Gilbert agreed
- Caroline Taylor talked about the potential for transformational funding, both locally and nationally
- it was agreed that the document was aligned with the south east London strategy, but there was concern to achieve clarity on funding
- it will be important to communicate what is proposed thoughtfully
- A challenge is that general practices are not confident that there would be enough money to bring transformational change. Jemma Gilbert observed that we need to be clear about the roadmap including the provider alignment
- We can support the model and allow it to develop. This group needs to think about it with NHS England
- Benchmarking the current position would be helpful. Jemma Gilbert advised that north west London and south west London had done some benchmarking and NHS England would be looking at that

3. Collective Governance:

- 3.1 Caroline Taylor talked about the work that had been undertaken since the last meeting of this group in relation to collective governance; there had been meetings with COs, conversations with David Mallet and the lawyers. She advised that any significant decision would require unanimity across the CCGs and she described the legal position of a committee in common. Caroline Taylor suggested that the advice tended towards a committee in common
- 3.2 Caroline Taylor emphasised that any arrangement should not cut across the governing bodies, but work with the governing bodies
- 3.3 Caroline Taylor continued it would be important to review all CCG constitutions to check levels of delegation were consistent with the proposed arrangements. NHS England was reviewing its own scheme of delegation, but in the meantime, the advice is that the CCGs construct a committee in common and ask NHS England to join it
- 3.4 Amr Zeineldine observed that he felt the committee in common was the right decision at this stage. The following points were raised;
 - It was a generally clear document, but the conclusion on relationships (governing body and membership) and delegation should be reworded for clarity. Caroline Taylor noted that for any significant strategic change, governing bodies would need to test the view of their membership
 - Current arrangements are a committee in common, but the issue for the future is the nature of the decisions to be taken by the committee in common
 - Lewisham was supportive of this approach
- 3.5 Caroline Taylor agreed to produce a detailed timeline to send a draft paper to NHS England for either June or March, Caroline Taylor to talk to Una Dalton (**Action 23**)
 - It was noted that primary care co-commissioning would also require constitutional changes, and this needed to be considered in developing the timetable.
- 3.6 Caroline Taylor requested that CCG COs share the names of their governance lead, she would produce a fuller timetable and ensure a consistent legal approach to changes via the leads (**Action 24**)

3.7 Amr Zeineldine noted this committee's support for further work to be undertaken and brought back to the next meeting or virtually (**Action 25**)

4. HIN

- 4.1 Chris Streater updated on the work that Health Innovation Network (HIN) (the Academic Health Sciences Network) is carrying out at present. AHSNs were set up in 2011. He took members through the reasoning behind the work that was being undertaken, and the funding available, and he outlined the current work. He continued that the HIN was choosing to do things that were not only innovative but were also measureable in diabetes, MSK, alcohol, cancer. The HIN was working with a wide range of colleagues e.g. public health looking at helping people manage their own health. Chris Streater to share update with members (**Action 26**)
- 4.2 Martin Wilkinson asked if there was CCG input into the patient safety work, Chris Streater explained that it was rather provider led, so there was a community aspect but not commissioning. Martin Wilkinson agreed to speak to Chris Streater (**Action 27**)
- 4.3 Caroline Taylor advised that Melissa Ream from the HIN had been asked to link in with Directors of Commissioning in relation to the patient safety work.
- 4.4 Sarah Blow noted that the budget may be small but this was a resource that could be used very effectively for south east London. Chris Streater agreed.
- 4.5 Dr Charles Gostling then took members through the diabetes workstream. Diabetes was increasing and this would not change, he continued, as long as the system is treating complications and not looking at prevention. The team had been looking at more specialised care and the high level themes were enabling systems for integration of care, supporting better self-management and adopting new technologies. He talked about the current projects that are in place;
- Improving self-management of insulin therapy by improving access to and appropriate use of technologies
 - Improving the integration of care pathways for management of unscheduled care in hypoglycaemia and hyperglycaemia
 - Right Insulin, Right Time, Right Dose
 - Structured education and related support for self-management
- 4.6 Laura Spartling talked about the insulin based therapy initiative set up by Diabetes Improvement Collaborative; they were encouraging teams to talk to their local commissioners, and she said they would like representatives for the next workshop in February. This was joint working with pharmaceutical companies
- 4.7 Laura Spartling then talked about structured education and support for self-management for patients with type 2 Diabetes; she advised that a tool kit was now available and asked members for this information to be shared within CCGs (**Action 28**)
- 4.8 Howard Stoate asked what work was being undertaken on prevention. Charles Gostling advised that NHS England was working on a nationwide prevention programme, and it was agreed that there should be work with SPGs to work on prevention
- 4.9 Chris Streater described a further area of focus on staff health
- 4.10 Andrew Eyres noted that the work on diabetes should be built into local care networks to take this forward

5. Stakeholder Reference Group Update:

- 5.1 Peter Gluckman took members through his paper on the work that had been undertaken by the Stakeholder Reference Group (SRG) over the last 21 months and asked if members wished the group to continue. Peter Gluckman then left the room in order that members could have a discussion
- 5.2 There was discussion around how to ensure the group was properly utilised; it was agreed that cross borough learning was helpful. The importance of good briefing for CCG representatives was noted. Members **AGREED** that this was a useful forum and should continue for a further year, and the CSC needs to ensure it is well-focused
- 5.3 Peter Gluckman returned to the room and Amr Zeineldine advised that the group was positive about the role of SRG and that the CSC would have more input into the topics to be discussed at future meetings

6. 111 Update:

- 6.1 Angela Bhan updated members on the procurement of 111 service in south east London. A number of workshops were planned to ensure that the service worked for south east London, and were still taking place, which had caused a delay in the procurement of this service. Angela Bhan advised members that there would be a delay in the mobilisation of this service until at least 2016. She noted that colleagues were continuing to work with London Ambulance service to improve the current service, that there would be a need to extend the existing contract, and that negotiations had commenced. Angela Bhan advised that the team will continue to engage with stakeholders
- 6.2 Martin Wilkinson thought that the position should be reported to governing body members, Angela Bhan agreed to share a paragraph for this purpose (**Action 29**)

7. Specialised Services Update:

- 7.1 Andrew Eyres apologised for the lateness of his paper. He took members through the paper and talked about the time frame for co-commissioning of specialised services in London. He advised that this would not move as fast as has at first been thought
- 7.2 Chris Streater asked about renal commissioning and Andrew Eyres said CCGs and NHS England are looking at criteria for what should be considered and in what order
- 7.3 Amr Zeineldine asked that updates come to this committee (**Action 30**). Caroline Taylor asked if the services are coming to CCGs would be commissioned on a pan London basis. Andrew Eyres confirmed that was the plan at present

8. Any other business

- 8.1 Caroline Taylor reminded COs that CCGs were proposing to take minutes of this meeting to their governing bodies. She agreed that she would produce a cover (**Action 32**)
- 8.2 Caroline Taylor reminded members of the CSC Seminar that was scheduled for 19 February. She had not received any items for discussion. Members thought the date should be kept in the diary and cancel if not needed. Possible items were a discussion with NHS England about SPGs, and mental health.
- 8.3 Amr Zeineldine suggested that COs explore items that would be of value to bring to this group
- 8.4 There was no other business discussed

Date of Next Meeting

19 March 2015 10.45 - 12.45 Room 519, 5th Floor, 160 Tooley Street