

## Primary Care Joint Committees (PCJC)

11 June 2015

Meeting held at:

Coin Street Community Builders Coin Street 108 Stamford Street South Bank London SE1 9NH

### Minutes

**Meeting Chair** Diane French

**Executive Support** Gilbert George

#### Bexley Primary Care Joint Committee

##### Attendees:

Sandra Wakeford (SW)	Member	Committee Chair (Lay Patient Public Involvement)
Keith Wood (KW)	Member	Committee Vice-Chair (Lay Governance)
Mary Currie (MCV)	Member	CCG Governing Body Nurse
Sarah Blow (SB)	Member	CCG Chief Officer
Dr Howard Stoate (HW)	Member	CCG Chair
Dr Sid Deshmukh (SD)	Member	CCG Governing Body GP
David Sturgeon (DS)	Member	NHS England - Director of Primary Care
Lotta Hackett (LH)	Observer	Healthwatch (Deputising for Anne Hinds Murray)
Dr Richard P Money (RM)	Observer	Local Medical Committee
Sue Robinson (SR)	Observer	Health and Wellbeing Board (Deputising for - Teresa O'Neill)

##### Apologies:

Anne Hinds Murray	Healthwatch
Teresa O'Neill	Health and Wellbeing
Dr Jane Fryer	NHS England (Medical Director for South London)
Matthew Trainer	NHS England (Director of Commissioning Operations)

#### Bromley Primary Care Joint Committee

##### Attendees:

Martin Lee (ML)	Member	Committee Chair (Lay Patient Public Involvement)
Harvey Guntrip (HG)	Member	Committee Vice-Chair (Lay Governance)
Sara Nelson (SN)	Member	CCG Governing Body Nurse
Dr Angela Bhan (Dr AB)	Member	CCG Chief Officer
Dr Andrew Parson (AP)	Member	CCG Chair
Dr Mark Essop (ME)	Member	CCG Governing Body GP (Deputising for - Dr Ruchira Paranjape)
David Sturgeon (DS)	Member	NHS England - Director of Primary Care

Linda Gabriel (LG)	Observer	Healthwatch
Dr Mukesh Sahi (MS)	Observer	Local Medical Committee
Cllr David Jefferys (DJ)	Observer	Health and Wellbeing Board

**Apologies:**

Dr Ruchira Paranjape		CCG Governing Body GP
Dr Jane Fryer		NHS England (Medical Director for South London)
Matthew Trainer		NHS England (Director of Commissioning Operations)

**Greenwich Primary Care Joint Committee**

**Attendees:**

Dr Greg Ussher (GU)	Member	Committee Chair (Lay Patient Public Involvement)
Jim Wintour (JW)	Member	Committee Vice-Chair (Lay Governance)
Dr Iyngaran Vanniasegaram (IV)	Member	CCG Governing Body - Secondary care clinician
Annabel Burn (ABu)	Member	CCG Chief Officer
Dr Ellen Wright (EW)	Member	CCG Chair
Dr Rebecca Rosen (RR)	Member	CCG Governing Body GP
David Sturgeon (DS)	Member	NHS England - Director of Primary Care
Leceia Gordon-Mackenzie (LG)	Observer	Healthwatch
Dr Dermot Kenny (DK)	Observer	Local Medical Committee
Cllr David Gardner (DG)	Observer	Health and Wellbeing Board

**Apologies:**

Dr Jane Fryer		NHS England (Medical Director for South London)
Matthew Trainer		NHS England (Director of Commissioning Operations)

**Lambeth Primary Care Joint Committee**

**Attendees:**

Graham Laylee (GLK)	Member	Committee Vice-Chair (Lay Governance)
Professor Ami David (AD)	Member	CCG Governing Body GB Nurse
Andrew Eyres (AE)	Member	CCG Chief Officer
Dr Adrian McLachlan (AM)	Member	CCG Chair
Dr Hasnain Abbasi (HA)	Member	CCG Governing Body GP
David Sturgeon (DS)	Member	NHS England - Director of Primary Care
Catherine Pearson (CP)	Observer	Healthwatch
Jenny Laws	Observer	Local Medical Committee

**Apologies:**

Sue Gallagher		Committee Chair (Lay Patient Public Involvement)
Cllr Jim Dixon		Health and Wellbeing Board
Dr Jane Fryer		NHS England (Medical Director for South London)
Matthew Trainer		NHS England (Director of Commissioning Operations)

**Lewisham Primary Care Joint Committee**

**Attendees:**

Ray Warburton OBE (RW)	Member	Committee Vice-Chair (Lay Governance)
Ami David (AD)	Member	CCG Governing Body Nurse
Martin Wilkinson (MW)	Member	CCG Chief Officer
Dr Jacky McLeod (JM)	Member	CCG Governing Body GP
David Sturgeon (DS)	Member	NHS England - Director of Primary Care
Rosemarie Ramsay (RR)	Observer	Healthwatch
Dr Simon Parton (SP)	Observer	Local Medical Committee
Carmel Langstaff (CL)	Observer	Health and Wellbeing Board

**Apologies:**

Diana Robbins	Committee Chair (Lay Patient Public Involvement)
Dr Marc Rowland	CCG Chair
Dr Jane Fryer	NHS England (Medical Director for South London)
Matthew Trainer	NHS England (Director of Commissioning Operations)

**Southwark Primary Care Joint Committee**

**Attendees:**

Diane French (DF)	Member	Committee Chair (Lay Patient Public Involvement)
Ami David (AD)	Member	CCG Governing Body Nurse
Andrew Bland (AB)	Member	CCG Chief Officer
Dr Jonty Heaversedge (JH)	Member	CCG Chair
Dr Sian Howell (SH)	Member	CCG Governing Body GP
David Sturgeon (DS)	Member	NHS England - Director of Primary Care
David Cooper (DC)	Observe	Healthwatch
Dr Kathy McAdam Freud (KMF)	Observer	Local Medical Committee
Rachel Flagg (RF)	Observer	Health and Wellbeing Board

**Apologies:**

Arti Gandesha	Healthwatch
Dr Claire Lloyd	Local Medical Committee
Dr Jane Fryer	NHS England (Medical Director for South London)
Matthew Trainer	NHS England (Director of Commissioning Operations)

<b>Seminar – All six Joint Committees</b>		
<b>Item</b>		<b>Action</b>
<b>1</b>	<p><b>Meet and Greet</b></p> <p>AB welcomed members, observers and members of the public to the inaugural meeting of the Primary Care Joint Committees (PCJCs) consisting of:</p> <ul style="list-style-type: none"> <li>• NHS Bexley CCG and NHS England</li> <li>• NHS Bromley CCG and NHS England</li> <li>• NHS Greenwich CCG and NHS England</li> <li>• NHS Lambeth CCG and NHS England</li> <li>• NHS Lewisham CCG and NHS England</li> <li>• NHS Southwark CCG and NHS England</li> </ul>	

	<p>AB explained that all six PCJCs had agreed to work collaboratively and in doing so they would meet at the same time and in the same place. He went on to explain that all of the committees had some degree of shared membership and that NHS England members were members of all six committees.</p> <p>AB explained that in advance of the main agenda item the committee would receive a seminar style session outlining some background to the committees' formation, under Primary Care co-commissioning arrangements now agreed for each borough as of 1 April 2015, collective working and the strategic context that was common to the six boroughs in south east London</p>	
2	<p><b>Introductory Seminar</b></p> <p>AB introduced the seminar session of the Primary Care Joint Committees and invited SB to present the background to Primary Care Co-commissioning.</p> <p>SB reminded Joint Committees that all six CCG Governing Bodies, acting with a mandate from their members had applied for and received approval as Level 2 co-commissioners of primary care or Joint commissioning with NHS England.</p> <p>SB outlined how NHS England and the six CCGs will work together for primary care co-commissioning, giving focus to the NHS Five Year Forward View (FYFV) and specifically New Models of care. This would involve joining up the commissioning systems through co-commissioning to help unlock barriers to integrated care and the models described in the FYFV such as Multispecialty Community Providers (MCPs).</p> <p>SB continued with a focus on how joint commissioning arrangements would allow for local flexibility alongside national requirements and the designing of locally focussed schemes.</p> <p>SB spoke about 'Our Healthier South East London and transformation of Community Based Care (CBC), which would be supported by Local Care Networks (LCNs) with federations or 'At Scale' delivery of general practice with collective responsibility for the population; developing the workforce; patient centred coordinated care and continuity of care.</p> <p>AB then directed Joint Committees to the 'Our Healthy South East London' Strategy Programme including its 'Whole system' model. Emphasis was placed on the importance of LCNs, being the foundation of the whole system model providing person centred care to both individuals and to local populations. AB drew Joint Committees attention to the slide 'Whole System Model' – the model consisted of six models of care focused on by the programme:</p> <ul style="list-style-type: none"> <li>• Community Based Care</li> <li>• Maternity</li> <li>• Children and Young People</li> <li>• Cancer</li> <li>• Planned care</li> <li>• Unscheduled and emergency care</li> </ul> <p>RW (Lewisham CCG) informed Joint Committees that he welcomed the 'whole system model' slide, but impressed on Joint Committees the importance of engaging with those who are marginalised and disenfranchised in our communities. There should be</p>	

	<p>clear pathways on how we are going to reduce inequalities in our communities. He also emphasised that we must find ways to reach out to those in our communities who are seldom heard so that we can make a difference to all sections of our communities.</p> <p>ABu made Joint Committees aware that the ‘whole system model’ was developed with local authorities and she was confident that working together will deliver the outcomes desired by all. She also informed Members and Observers that south east London CCGs had good working relationship with the voluntary sector and that these were being strengthened.</p> <p>JH commented that he understood the Primary Care Joint Committees governance structures, the commissioning intent but wanted to be informed on how having Primary Care Joint Committees specifically with NHS England could best strengthen our approach.</p> <p>DS responded by outlining the advantage of NHS England working jointly with the six CCGs in making joint commissioning decisions that allowed the entire locally available NHS budget to be considered would underpin the implementation of the strategy.</p>	
<b>Meeting in Common of the Primary Care Joint Committees in South East London</b>		
<b>3</b>	<p><b>Welcome and Introductions</b></p> <p>AB informed Joint Committees that to facilitate an effective meeting DF was asked to be the interim Chair of the meeting (as opposed to any one committee and this was acceptable to the members of all six committees.</p> <p>DF asked members and observers to introduce themselves by name, position and organisation representing.</p>	
<b>4</b>	<p><b>Election of Chair for the meetings</b></p> <p>AB requested nominations from amongst Chairs of the six Primary Care Joint Committees for the Chair and Vice-Chair for the Primary Care Joint Committees meetings.</p> <p>GU was nominated to be Chair of the meetings of the Primary Care Joint Committees; there were no objections and GU was duly elected by chairs of all Committees to be the Chair of the Primary Care Joint Committee meetings.</p> <p>ML was nominated as the Vice-Chair; there were no objections and ML was duly elected by all chairs to be Vice Chair of the Primary Care Joint Committees meetings.</p> <p>Joint Committees agreed that the elected roles (Chair and Vice-Chair) would be for duration of 12 months with a review after six months.</p>	
<b>5</b>	<p><b>Terms of Reference</b></p> <p>The Joint Committees noted the Terms of Reference for their respective committees which had previously been approved by the six CCGs Governing Bodies and Membership and with NHS England at the point of application for joint commissioning and subsequent approval.</p>	

	<p>Members of the Lewisham committee noted that the version of the Terms of Reference included in the Committee papers was an incorrect version and would need to be replaced with a correct version.</p> <p>DS informed the Joint Committees that any fundamental changes to the approved Terms of Reference will require a further approval by NHS England.</p> <p>A member requested clarification on how the Joint Committees would be able to manage budgets as outlined in the section 'remit of Joint Committees' in the Terms of Reference.</p> <p>DS informed the Joint Committees that NHS England will be providing reports on budget and performance of the CCGs on a routine basis for discussion at the Joint Committees meetings and that under Level Two co-commissioning they remained responsible for doing so.</p> <p>An observer noted that Terms of Reference gives no voting rights to those designated as 'observers' of the Primary Care Joint Committees and that this should be reviewed. DS confirmed that the terms of reference provided and approved compiled with national guidance. AB confirmed that the Terms of Reference and the wider application for co-commissioning had been the subject of a significant engagement process in each borough with the stakeholders including those groups from which 'observers' were drawn.</p> <p>Members and Observers requested that the Bexley Terms of Reference be corrected for an error on page 6, 2nd paragraph.</p>	<p><b>GG</b></p> <p><b>GG</b></p>
<p><b>6</b></p>	<p><b>Register of Interests</b></p> <p>Members and observers of:</p> <ul style="list-style-type: none"> <li>• NHS Bexley CCG and NHS England</li> <li>• NHS Bromley CCG and NHS England</li> <li>• NHS Greenwich CCG and NHS England</li> <li>• NHS Lambeth CCG and NHS England</li> <li>• NHS Lewisham CCG and NHS England</li> <li>• NHS Southwark CCG and NHS England</li> </ul> <p>Made their declarations of interests with reference to the register of interests that had been compiled in advance of the meeting (and was available at the meeting) and updated declarations where required.</p> <p>The register of interest was agreed to be circulated to all members following the meeting and that it would be made available at the next meeting and all subsequent meetings.</p>	<p><b>GG</b></p>
<p><b>7</b></p>	<p><b>Operating Model of Joint commissioning in south east London's boroughs</b></p> <p>AB introduced this section of the meeting and informed Joint Committees that it would consist of three elements:</p> <ul style="list-style-type: none"> <li>• Primary Care Co-commissioning Memorandum of Understanding (MoU): Core principles (NHS England)</li> </ul>	

- Overview of NHS England (London Region) Draft Operating Model: Co-commissioning of Primary Care Version 5
- Operating Models and arrangements in support of Primary Care Joint Committees in South East London'

**Memorandum of Understanding (MoU)**

DS informed Joint Committees that whilst the MoU had been approved by NHS England for use it was subject to change pending comments from CCGs and if changes were required then they would be brought to the Joint Committees before being enacted.

DS outlined the purpose and contents of the MoU. He also informed the committees that the resourcing in his team was subject to change and that individuals would have split roles between commissioning and performance / contracting.

**Draft Operating Model**

DS drew the attention of the Joint committees to the Draft Operating Model, he reminded Joint Committees that all six south east London CCGs had opted for Level Two, which meant that NHS England and CCGs would be involved in decision making and as a result any decisions required by NHS England will be brought to the Joint Committees; unless they were being made under a clear National policy or an existing Standing Operating Procedure (SOP). All NHS England national policies or SOPs will be brought to the Joint Committees next meeting.

DS commented on the planned Service Level Agreement (SLA) for co-commissioning, he stated this was for those CCGs who had opted for level 3 or full delegation.

RW enquired how quickly financial reports would be published and made available in view of the remit of the Joint Committees to make decisions based on financial reports and recommendations from CCGs. DS replied that reports will be made available as per the normal cycle of reporting currently being used by CCGs (Monthly).

Joint Committees requested the following change and inclusion to the operating model:

- Guiding principles
- Themes and examples to add clarity
- An appeals process to be drafted into model
- Managing complaints – explicit statement
- Review process of the operating model
- Definition and examples of urgent decisions which cannot wait until the next committee
- Examples of other decisions the Joint Committees may make

AB (Southwark CCG) concluded that although the operating model was still work in progress, it was a document that the Joint Committees could work with until it was completed and ready for approval of the Committees. All parties agreed to operate in the spirit of the framework until that point.

**Operating Models and arrangements in support of Primary Care Joint Committees**

DS

	<p>AB introduced this paper emphasising the need to set up sub groups of the Joint Committees and to establish how these committees would report to and support the Committees. He also acknowledged an interdependency between this arrangement and the previous items in this agenda item as they need to reflect one another.</p> <p>A LMC observer queried on who will be invited to join the sub groups referred to in the documentation. AB responded that this would be for local determination and may differ in each borough. It would be driven by the actions required of that group.</p> <p>It was noted that the reference to the role of Local Medical Committee Page 5 of 13, bullet point would be replaced as follows:</p> <p>The PCJC will include a representative from the relevant Local Medical Committee who [<del>Delete</del> - and will] represents the interests of GP providers who may be impacted by decisions taken at the PCJC. [<del>Delete</del> - The LMC representative will promote a greater understanding of commissioning and associated commissioner responsibilities amongst the primary care workforce they represent].</p>	
<p><b>8</b></p>	<p><b>Recommendations for amendment to the terms of reference for the Joint Committees</b></p> <p>The committees considered whether their review of the items outlined in the previous agenda items would require amendment to the committee Terms of Reference, beyond the changes required under item 5 of the meeting.</p> <p>The committee members sought assurance that the Terms of Reference allowed for the establishment of working groups in support of the committee and determined that this was allowed for; noting that the outcome of the NHS England Operating Model work may require a future amendment.</p> <p>The committee members also sought assurance that the Terms of Reference allowed for any appropriate matters to be considered in a 'Part Two' on private part of the committee business and again this was confirmed to be possible.</p>	
<p><b>9</b></p>	<p><b>Questions from members of the public</b></p> <p>A member of the public concurred with the desired outcomes outlined in the 'whole system model' and focus on health inequalities. He asked if funding would be made available for patients with mental health issues and why more innovative ways to treat patients with mental health issues had not been introduced by clinicians.</p> <p>In addition, he asked about support for people with emotional distress and using models that have worked well in other countries to support people diagnosed with psychosis. He added that this approach has proven successful and would reduce dependence on the welfare state.</p> <p>A member of the public stated that mental health staff should all be trained in the open dialogue approach. He went on to ask what percentage of South London and Maudsley NHS Foundation Trust (SLAM) funding is from CCGs and why SLAM recovery rates are low?</p> <p>DF thanked members of the public for raising these issues and clarified that the Primary Care Joint Committees meeting was not the forum for decisions on care</p>	



	<p>pathways for mental health patients specifically but that these issues had been heard and requested that CCG commissioners take account of them when assessing their commissioning intentions for mental health services.</p> <p>A member of the public asked for a glossary to be provided with the Primary Care Joint Committees papers.</p> <p>DF responded by saying this was normal for other public committees of the CCGs. She added that circulation of papers for the next Joint Committees meeting will contain a glossary and apologised for not having one circulated at this meeting.</p> <p>A member of the public asked whether there is Patient Participation Group (PPG) presence/ influence on this committee. A number of committee members noted that their engagement with PPGs was undertaken through their governance structures that supported their Governing Body in its work and that as co-commissioners of care they welcomed the opportunity to receive and act upon that representation within those processes.</p> <p>A member of the public brought the committees attention to his experience and that of people he had spoken with that waiting times for a GP appointment were ten days. DS invited further and specific details to be brought to his attention with regards this particular example.</p>	<b>GG</b>
<b>10</b>	<b>Meeting close</b>	

**Primary Care Joint Committees**

**11 June 2015**

**Signed Attendance Sheet (Public and other observers)**

Gary Beard	NHS England
Angela Buckingham	Melbourne Parkside
Rebecca Burns	Kings College Hospital NHS FT
Diana Braithwaite	NHS Lewisham CCG
Lesley Chandler	Public
Helen Chourn	DMC Patient Participation Group
Sharon Fernandez	NHS England
Malcolm Hines	NHS Southwark CCG
Liam Link	Public
Dolly Mace	Public
Susanna Masters	NHS Lewisham CCG
Andrew Parker	NHS Lambeth CCG
Barry Silverman	OHSEL Patient Public Advisory Group
Jill Webb	NHS England



**SEL Primary Care Joint Committees**  
**Meetings to be held Bi Monthly (6.00 – 8.30)**

**2015 / 16**

<b>Month</b>	<b>Date</b>	<b>Venue</b>
June	11	Coin St
August 2015	6	Greenwich – Charlton Athletics
September 2015	29	Bexley Council Chamber, London Borough of Bexley, Civic Offices 2 Watling Street, Bexleyheath, Kent DA6 7AT
October 2015	(Cancelled – replaced with 29 Sep meeting) 15	N/A
December 2015	10	Lewisham - venue TBC
February 2016	11	Lambeth - venue TBC
March 2016	17	Southwark - venue TBC

## Governing Body meeting (held in public)

**DATE: 24 September 2015**

### Executive Management Committee – Executive Summaries

#### Meeting held on 2 July 2015

#### **APOLOGIES FOR ABSENCE**

Dr Varun Bhalla and Dr Peter Fish.

#### **DECLARATIONS OF INTEREST**

All GPs present declared an interest in Primary Care Training and Workforce Development (item 85/15). No mitigating action was necessary.

#### **STANDING ITEMS**

##### **CSU Update**

Concerns discussed on current working arrangements with CSU regarding KPI reporting, involvement in appropriate staff recruitment and HR advise issues.

##### **Risk Management Report**

The Executive Management Team reviewed all CCG risks and agreed that they should be reviewed on a six monthly basis by EMC. The triangulation of information in 2015/16 risk with a residual rate of 15 was discussed and the meeting noted that improvements have begun to appear in the risks achieved through the monitoring process.

#### **ITEMS FOR DECISION**

##### **New CCG Board Templates**

The Executive Management Committee **agreed** the new CCG Board Templates.

#### **ITEMS FOR DISCUSSION**

##### **Primary Care Training and Workforce Development**

EMC considered how the Bexley monies for 2014/15 training and development were spend and thanked Pauline Wortman for her contribution to work to date. Concerns raised regarding GP practise target for 7 day week working and how this would impact on GPs protected time for training and networking.

The Executive Management Committee:

**noted** the contents of the attached report summarising Bexley CCG training and Workforce development during 2014/15 and

**approved** the outline plans for 2015/16.

The first Joint Committee for Co-Commissioning meeting scheduled for 11 June 2015.

##### **6 Month OD Update**

EMC **noted** the meeting report and asked for the completion of the GP survey to be scheduled and completed.



## **Clinical Commissioning Group**

### **Organisational Development Plan**

EMC discussed the meeting paper and agreed that the further work needed to be completed (to include timescales added to the action plan) and to be included on August EMC agenda.

### **Staff Survey**

NHS Bexley CCG staff survey had the highest completion rate across south east London and nationally. The outcomes were very positive and showed improvements from 2013/14 staff survey in the majority of areas. Health & wellbeing initiatives had been well received by staff e.g. fruit days/Pilates/social events.

### **Models for South East London**

EMC discussed the 'Our Healthier South East London Consolidated Strategy' which would be discussed at the Governing Body meeting in public on 30 July 2015. The strategy puts patients at the centre of all the work streams to provide improved integrated care responding to local needs and aspirations providing a healthcare system that is financially sustainable and clinically led implemented across south east London over a five year period. Further discussion on the strategy will take place at the next Clinical Leads meeting. EMC recognised that the strategy would change direction of travel on a needs basis following appropriate discussions and approvals.

### **ITEMS FOR INFORMATION**

#### **Notes of Meetings:**

- Finance Sub-Committee 12 May 2015
- Medicines Management Sub-Committee 6 May 2015

#### **Any other business**

- current plans for the transfer of Health visiting services from NHS England to the Local Authority
- SEE invited on Steering Group by the Greenwich University for the Institute of Integrated Care programme
- Parliamentary Health Ombudsman taken to Judicial Review over its handling of a Bexley Care Trust complaint by the complainant.

### **Meeting held on 6 August 2015**

#### **APOLOGIES FOR ABSENCE**

Drs Howard Stoaite, Varun Bhalla, Kanani Dr Peter Fish.

#### **DECLARATIONS OF INTEREST**

None.

#### **STANDING ITEMS**

##### **CSU Update**

##### **Risk Management Report**

The Executive Management Team reviewed the new risks added to the Risk Register in relation to MSK waiting times with King's failure to meet targets (244) and the triangulation of information in 2015-16 from both soft and hard data suggests that there are a number of

## ***Clinical Commissioning Group***

quality and safety issues at QEH (L&G Trust) (198). Discussion on cancer wait and SEL strategy risk reporting.

### **ITEMS FOR APPROVAL**

#### **CSU PROCUREMENT**

EMC discussed the commissioning intentions for CSU and agreed an approach

### **ITEMS FOR DISCUSSION**

#### **Organisational Development Plan**

EMC reviewed the amended draft OD Plan and supported the report being discussed with at the staff network meeting on 7 August 2015.

#### **360 Survey**

EMC supported the submission of the report with the meeting amendments to the Governing Body meeting in September.

#### **Bexley Q1 HR Summary and Workforce Report & Q1 Training**

EMC noted:

- 1.The CCG's sickness absence rate (under 0.50% average) is below that of the latest available national staff sickness absence rates for CCGs which range from 2.22% to 2.80%; against an overall NHS wide sickness absence rate of 4.48%.
- 2.The TUPE Consultation on the transfer of 1 employee in ITC, Senior Systems Administrator, Band 6, to Oxleas, has been completed as part of the overall transfer of the RiO service to Oxleas on 1 August 2015.

#### **GP Telephone Survey**

EMC suggested additional questions to be added to the meeting survey which would be carried out by an independent company.

### **ITEMS FOR INFORMATION**

Notes of Meetings:

- Finance Sub-Committee 9 June 2015
- Medicines Management Sub-Committee 17 June 2015
- Information Governance Sub-Committee 5 May 2015
- Quality & Safety Sub-Committee 14 May 2015

## Governing Body meeting (held in public)

**DATE: 24 September 2015**

### **Finance Sub-Committee Executive Summaries Meeting held on 9 June 2015**

- Community Based Assessment Unit Interim Ideas Generation was discussed. The work done to date showed that this work cuts across three services already commissioned. It was agreed that a project team would conduct a time limited piece of work over two months and a more robust Ideas Generation paper would be presented to the Finance Sub-Committee in August.
- Procurement of non-specialist night sitting and specialist domiciliary care was discussed for Continuing Healthcare patients. It was agreed that a breakdown of costs and details of other CCGs who had signed up to the Pan London procurement was needed prior to a decision being made whether Bexley CCG should participate in the Pan London domiciliary care AQP.
- A financial planning submission had been made on 27 May 2015, which had not required any changes to be made to previous submissions other than whether there had been any coding and counting changes in the contracts and if so the impact of these. It was confirmed there had not been any such changes in the CCG's contracts. NHS England had approved the CCG's activity and finances, including Mental Health investment, and therefore the CCG expected assurance to be given on its plans.
- The Audit and Integrated Assurance Committee had approved the final 2014/15 Annual Accounts on 28 May 2015 and these had been submitted in advance of the deadline. An unqualified opinion and unqualified value for money opinion had been received from the auditors. Minor changes were made, with no unadjusted items. The Annual Accounts would be presented at the AGM in September.
- Gross QIPP schemes for 2015/16 of £7.4m were identified to meet financial planning requirements of £6.3m, after RAG rating, which had been validated by a multi-disciplinary/agency panel. A more detailed report would be provided at the July Finance Sub-Committee.
- The Consolidated Contracts Report Months 12 and 1 was discussed. District Nurse vacancies were discussed and a breakdown by band would be requested from Oxleas NHS Foundation Trust. Lack of MS nursing service would also be raised with Oxleas. The Pulmonary Rehabilitation Service had been re-started. An AQP for minor surgery clinics had gone live. MSK was discussed and any backlog of appointments would be addressed. Two excellent sets of patient feedback had been received and MSK outcomes were being achieved. Dietetic services were discussed and a contract query would be raised in relation to housebound patients who are not tube fed. Discussion



## ***Clinical Commissioning Group***

took place regarding the Greenwich and Bexley Community Hospice and a breakdown of costs, funding and reserves would be requested.

- The month 12 Practice Based Performance Data was discussed. There are currently three workstreams: QIPP GP Referral scheme; Primary Care Activity Reporting Tool (PCART) and Choose and Book (now E-referrals activity). Members agreed that Practice weighted population figures would be used in future and the QIPP GP Referral scheme would dovetail with the PCART. The IFR information would not be included in the new GP tool.
- The Care Home Pharmacist and Practice Based Pharmacists had been permanently recruited. It was agreed that one report would be required on a quarterly basis which would cover Care Home Pharmacists, Practice Based Pharmacists and Delegated Prescribing.

### **Meeting held 14 July 2015**

- A proposal for a Finance Apprenticeship Scheme at Bexley CCG was discussed for a 16 year old with GCSEs to work 4 days a week and spend 1 day a week at college. In order to give an apprentice a full range of training, work could also be undertaken with the London Borough of Bexley. The FSC recommended this to the Governing Body.
- The PMO Process Pack had been updated to take into account two recommendations made by KPMG when they conducted a QIPP delivery audit. In addition an Ideas Generation Flowchart was added. It was agreed that the annual agreed Post Project Implementation Review also needed to be added. Members approved the revised pack.
- Financial Performance month 2 forecast outturn showed £151k surplus, in line with plan. Limited acute information had been received but the CCG had mitigated for overperformance as far as possible in planning. Running costs are within allocation and QIPP is on target. BPPC had fallen short of the 95% target, in month 2, due to one invoice. Month 3 forecast outturn was also discussed, with cost pressures arising in CHC and acute.
- QIPP 2015/16 month 2 was discussed. Two schemes were of concern, Children's Services and End of Life Care. Finance work on Children's Services was being conducted, although costs may be more than the current service provision and therefore unlikely to contribute to 2015/16 QIPP. End of Life Care went live in May. It was also unlikely that the Referrals Scheme would deliver expected QIPP savings this year. However, when factoring in QIPP reserves the CCG was reporting 100% achievement to NHSE.
- The Consolidated Contracts Report, months 1 & 2 was discussed. Overperformance against acute contracts was discussed and would be checked and advised upon. MSK waiting times were being addressed. The Cardiology Service has taken another step towards full prime contractor operation, with LGT and DGT signing up as sub-contractors to the service. Issues regarding ophthalmology capacity at King's, resulting in Moorfields overperformance, was discussed. Hurley Group inappropriate attendances are being reviewed. A gap in dietetic services in relation to community patients who may need expert nutritional and dietetic advice is being addressed while a proposal

## ***Clinical Commissioning Group***

for extending the service for housebound patients and patients seen at Meadowview is being worked up. SEL 111 procurement has been delayed. The CCG and LBB are working in partnership to re-procure services for people with physical disabilities and sensory impairments. The LD tender is being mobilised. Oxleas Mental Health Service Redesign is being given oversight through the Mental Health Placements and Advisory Panel and will report to the Quality and Safety Sub-Committee. IAPT targets are not being met. Additional investment agreed across Mental Health to meet targets. The London Ambulance service attained their first gateway to obtain the first quarter's additional funding agreed by CCGs.

- The Primary Care Activity Reporting Tool had been shared with lead GPs and would be rolled out to all practices in the near future. Delegated Prescribing meetings were taking place across all three localities.
- The NHS England Medicines Management Optimisation Dashboard was discussed. It was agreed that the FSC would not need to see this report in future as it would go to the Medicines Management Sub-Committee.
- Charles O'Hanlon gave a verbal update on GP Referrals and a detailed report would be presented to Star Chamber in early August.

## Governing Body meeting (held in public)

**DATE: 24 September 2015**

### **Medicines Management Sub-Committee - Executive Summary Meeting held on 17 June 2015**

- Combined Oral Contraception Prescribing Guidelines approved
- Practice Pharmacists' Project Quarter 3 Report noted
- Care Homes Pharmacist 6 Month Report noted
- Dressings Pilot Interim Report noted
- Comments received on a South East London APC wide guideline for Management of neuropathic pain in adults Draft
- Comments received on a South East London APC wide Shared Care Prescribing Guideline for Paliperidone for the treatment of schizophrenia in adults

## Governing Body meeting (held in public)

**DATE: 24 September 2015**

### **Quality and Safety Sub-Committee (Q&SSC) - Executive Summary Meeting held on 14 May 2015**

Chair: Dr Nikita Kanani

1. Mary Currie advised that she had a potential conflict of interest in respect of 49/15 Quality Premium 2015/16.
2. There were no items for decision.
3. Mental Health Quality And Improvement: Learning Disability/Mental Health Equitable Access To Services. A deep dive discussion took place. Actions: training session for GP surgery staff to high issues. Quality alert to be raised on patient access to Psychiatry. Gordon Powell to review gaps in service.
4. The Minutes of 26th March 2015 were agreed and the action log undated.
5. QSSC approved the local Quality Premium Indicators for 2015/16.
6. QSSC noted the position for the 14/15 CQUINs and approved the CQUIN development areas for 2015/16.
7. QSSC reviewed, and subject to amendments suggested, approved the Quality and Safety Strategy 2015.
8. QSSC agreed the Terms of Reference for the NHS Bexley CCG Root Cause Analysis Review Panel.
9. QSSC noted the Patient Insight and Experience Report Q4. Community cardiology, UCC dressings, District Nursing, Ophthalmology admin and environment were discussed.
10. The Integrated Quality, Safety And Performance Report was noted. There had been an improvement in Cancer two week waits and a lot of work was being done regarding 100 day breach analysis. There was still significant under performance for 62 days target. A trajectory and plan had been devised to get LGT back on track. Significant work was being undertaken regarding Return to Treatment (RTT) within Bexley, Greenwich and Lewisham. LGT have an improvement plan via the CQC and are delivering on the majority. King's had been given a reporting holiday on RTT for six months. Mary Currie asked about Oxleas remaining above the national average for falls with harm. It was confirmed that a lot of work had been done on falls and would be presented at CQRG. The Frailty Group were looking at safe staffing, RCA lessons learned and comprehensive geriatric assessments.
11. QSSC noted the current assurance status of Mental Health and Learning Disability service contracts and quality review as laid out in the Mental Health and Learning Disability Commissioning report.
12. Care Homes Quality Monitoring Update: Care Homes Operating Group minutes will be added to the Q&SSC agendas. CCG Care Home inspection results are to be noted.
13. QSSC noted the Individual Funding Request Q4 Report. A more detailed report is provided annually and if the IFR Panel spots trends they advise commissioners in order that changes to pathways can be considered.
14. QSSC noted the Risk Register: there was a discussion around the vacant LA infection control nurse post.
15. QSSC noted the Quality Schedules / Requirements for 15/16 contracts.
16. QSSC noted the NHS 111 Clinical Governance and Performance reports.
13. Date of next meeting: Thursday 23rd July 2015 (9.00am – 12.00am).

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## Governing Body meeting (held in public)

DATE: 24 September 2015

### Information Governance Sub-Committee (IGSC) - Executive Summary Meeting held on 5th May 2015

Chair: David Parkins

1. No conflicts of interest were raised.
2. Revised IGSC terms of reference were approved. These reflect the changes in the CCGs constitution and changes in the quoracy across all sub-committees.
3. IG End of Year report: IG performance for 2014-15. The CCG achieved an 88% score level 2, which included 18 level 3 requirements. The CCG is now aiming to achieve level 3 on all 28 requirements for 2015-16 (V-13) and a new IG Development plan will be presented for approval at the July IG SC.
4. The IG policy was approved. The main changes reflected in the IG policy related to:
  - All references relating to the IG Working Group updated to IG Sub Committee.
  - References to the Health and Social Care Act included.
  - IG Documents appendix list updated to reflect current CCG IG Policies.
5. The Data Protection and Confidentiality Policy was approved.
6. The Mobile Devices Policy was approved.
7. The Caldicott Guardian Plan was approved.
8. Archive Review Process was approved. The main amendments were relating to the Bexley CCG localised records retention schedule and contact details changed to NHS mail. The archive procedure will now be included as an appendix to the Records Management and Lifecycle document.
9. The IG Communications Plan 2015-16 was approved. Staff should be asked to complete their IG training by the end of the December each year and GP practices should aim to complete the IG toolkit earlier rather than waiting until March, which then coincides with the QOF requirements.
10. The Risk Register was reviewed. There are currently two IG Risks on the register relating to WIFI and Data Flows Mapping. A programme to install new WIFI in GP practices will be rolled out during May/June 2015, this item remains on the register until this project is completed and checked.
11. The Data Protection and Caldicott Guardian report was approved.
12. Freedom of Information report Q4 and end of year. Q3 and Q4 continued to meet targets and response times greatly improved with administrative support chasing responses and additional support from Assistant Directors to co-ordinate responses. All targets met for 2014/15.

## ***Clinical Commissioning Group***

13. End of Year Incident report: mainly related to photocopying and printing to the shared printer room.
14. Privacy impact assessment end of year report: 9 PIAs were completed during 2014/15. It was noted that Bexley Linked Care project will progress to a full PIA as the project progresses due to the information sharing complexities.
15. Date of next meeting: Tuesday 14th July 2015 (9.30am – 11.00am).

