NHS
Lewisham
Clinical Commissioning Group

Enclosure 2

Governing Body meeting

Minutes of the meeting of the Lewisham Clinical Commissioning Group Governing Body held on Thursday, 4 April 2013 at 13.00 at Cantilever House, Eltham Road, London SE12 8RN

Present

Dr Helen Tattersfield	Clinical Chair
Dr David Abraham	Senior Clinical Director
Dr Suparna Das	Secondary Care Doctor
Prof. Ami David MBE	Nurse Member
Dr Hilary Entwistle	Clinical Director
Ms Jennifer Gillard	Interim Healthwatch Representative
Dr Arun Gupta	Clinical Director
Dr Faruk Majid	Senior Clinical Director
Mr Tony Read	Finance Director
Ms Diana Robbins	Lay Member
Dr Marc Rowland	Clinical Director
Dr Danny Ruta	Director of Public Health, LB Lewisham
Mr Ray Warburton OBE	Lay Vice Chair

In Attendance

Ms Lesley Aitken	Corporate Services Manager (minutes)
Ms Dee Carlin	Head of Adult Joint Commissioning
Mr Graham Hewett	Head of Integrated Governance
Mr Charles Malcolm-Smith	Head of Strategy and Organisational Development

Apologies

Ms Aileen Buckton	Executive Director Community Services, LB Lewisham
Dr Judy Chen	Clinical Director
Dr Simon Parton	LMC Chair
Mr Martin Wilkinson	Managing Director

LEW13/43 **Welcome and Announcements**

Dr Tattersfield welcomed all to the first formal Governing Body meeting of NHS Lewisham Clinical Commissioning Group.

LEW13/44 **Declarations of Interest**

No new declarations of interest were received at this point in the meeting.

LEW13/45 **Previous Minutes**

The minutes for the meeting held on 7 March 2013 were discussed and agreed as a true and accurate record, subject to the following changes:

13/31 – Ms *Robbins* added that the issue of identity was important.
13/33.1 – the *breadth* of the Delivery Committee agenda had been discussed.
13/33.3 – Mr Wilkinson said that the quality *of* care *for* patients affected by the 12 hour breaches was being raised to seek assurance from LHNT that patient care was not being compromised.
13/35 – Areas that the Audit Committee would like the Internal Auditors to explore in 2012/13 were discussed and would be confirmed by Chair's action in April. One of the areas would focus on the consequences of the TSA. In carrying out its work, the Audit Committee noted the importance of learning the lessons from NHS Croydon, as reported by the KPMG.

LEW13/46 Action Log and Matters Arising

The Action Log was received and discussed and would be updated.

LEW13/47 Chair's Report

Dr Tattersfield gave her first report as Chair of the Lewisham Clinical Commissioning Group. She said that the Governing Body had an interesting and challenging year ahead of it. The outcome of the TSA was still to be settled in the courts and there would be associated uncertainty in the provider landscape. The chief challenge was the safety and continuation of best care for patients. The work around Community Based Care, which was being chaired by Dr Marc Rowland, would underpin configuration.

Along with coping with these pressures work would continue on new pathway development, building on existing work in integration between social and healthcare services.

The Governing Body NOTED the report

LEW13/48 Shadow Audit Committee Chair's Report

Mr Warburton, Chair of the Audit Committee, gave the report from the Committee held in shadow form on 18 March 2013. He highlighted the following:

The Terms of Reference for the Audit Committee were approved.

The Internal Audit Plan for 2013/14 was presented by KPMG who provided the Head of Internal Audit service. KPMG proposals for audits were based on a risk assessment and on whether the risks were internal or external. These included; acute over performance, TSA and safeguarding. After discussion the Committee requested that emergency planning should be a priority, adult safeguarding should be prioritised and that the Internal Audit Plan should also support the CCG response to the Francis Report. Also to add quality and data quality, taking 4 or 5 clinical data items and drilling down. This would help the CCG drive improvement. Mr Warburton had written to KPMG on how to take this forward. A meeting was to be arranged for KPMG to meet with Governing Body members to progress the work.

Committees and meetings of the CCG, the Committee had asked for notification of current and planned committees and meetings in order to be clear where assurance and reassurance was taking place. Ms Masters would bring a report to the next Audit Committee meeting. The role of the Delivery Committee had been discussed, in particular where an in-depth overview of finance was held. It was confirmed that a Finance and Risk Group was being developed.

Internal Audit, KPMG as Head of Internal Audit would work with the London Audit Consortium (LAC) for 2013/14. The CSU would organise a competition to provide the internal audit service for 2014/15. Grant Thornton would provide the External Audit service for 2013/14.

Following a comment from Dr Das, it was confirmed that Governing Body members of the Audit Committee would be welcome to attend any CCG meeting they felt beneficial.

The Committee NOTED the report

LEW13/49 Delivery Committee Chair's Report

Dr Tattersfield gave the report. Dr Appleby, the Peer to Peer GP lead, had attended the meeting and presented a report covering the role, experiences of initial visits and recommendations for the future. There had been a focus on the implementation of the Diabetes 3Rs (register, recall and review) guidelines. Dr Tattersfield said that it had been an interesting item and that there was now a need to explore how to develop the peer to peer role.

Dr Chen had presented a report on Health Visiting with an explanation on how the government was expanding the workforce. Lewisham's target was 72.4 additional Health Visitors by March 2015. The council were considering financing a recruitment drive utilising private organisations.

Dr Ogunlokun, Associate Director (Older Adults) Joint Commissioning had presented a report to the Delivery Committee on Any Qualified Provider (AQP); procurement of NHS Continuing Healthcare Nursing Home beds. Concerns had been raised that there would not be sufficient bed capacity in South East London and that the financial analysis required further work. Joint Commissioning were working to understand the risks and options available.

Dr Majid had presented a report on the CQC inspection of Safeguarding and Looked After Children (LAC) Services. He reported that he had met with the Local Authority regarding LAC residing in Lewisham and outside of the borough. The LHNT specialist nurses had the role of ensuring that LAC health assessment was carried out on children residing outside of the borough. It had been recognised that screening for drug use would be undertaken as a matter of routine.

Regarding smoking quitters and the potential for achieving the target, Dr Ruta said that the target had changed therefore a rating of green was not achievable, but that this would be the aim for next year. He explained that the CQUIN had been successful; with a cost of £400k for 100 referrals from the LHNT, it is considerably more expensive per quitter than the core service. It was acknowledged that greater focus was required on increasing the impact of the core service before agreeing new incentive schemes .Mr Read would feed this back into the contract team discussions.

ACTION: Tony Read

For IAPT there had been an increase in the number of high intensity workers which was intended to improve waiting times.

There had been an issue with not being able to access data with NHS numbers, this was now being addressed.

The Committee NOTED the report

LEW13/50 Chief Officer's Report

Mr Read gave the report in Mr Wilkinson's absence. It had been confirmed that NHS Lewisham Clinical Commissioning Group was now an authorised statutory NHS body after the one red condition received had been cleared. Thanks were given to all those involved in the process.

During the past year Lewisham PCT and South East London cluster of PCTs had identified all the PCT functions to ensure that they were transferred to the correct part of the new NHS system. The work had been documented in a PCT Legacy Report which was available from the corporate office.

NHS 111 had not yet been launched in Lewisham, Lambeth and Southwark, the date of the launch has yet to be confirmed. The service has commenced in Bexley, Bromley and Greenwich and the lessons learned from their experience would be used for the LSL launch. Dr Abraham added that there was a reputational risk and that there was close working with the six boroughs to make the service secure. GP practices were receiving NHS 111 cases referred back to them, Lewisham GPs required clarity to ensure patients being managed by 111 were safe. SELDOC continued to cover the out of hours service. This item would be on the agenda for the April Delivery Committee.

ACTION: Tony Read

It was noted that the impact on A&E attendances of NHS 111 was unclear, but an important part of local evaluation.

Mr Read said that the NHS 111 publicity information was ready to be sent to members of the public when the launch date was confirmed.

The Governing Body NOTED the report

LEW 13/51 <u>Integrated Performance Report</u>

13/51.1 Risk Management Report

Mr Hewett gave the verbal report. The risk register and Board Assurance Framework was not taken at this meeting as the new register was being developed in line with the Corporate Objectives. The objectives had been revised and a set of new risks produced at a meeting of the Senior Management Team on 19 March. The draft risk register was being firmed up with controls put in place. This would come to the May meeting.

Mr Hewett stated that the high level risks were TSA and potential destabilisation of services and the financial pressures regarding possible Continued Care claims. So far there were 34 risks on the register.

The Committee RECEIVED the verbal report.

13/51.2 Finance and QIPP

Mr Read gave the report which covered the eleventh month period to 28 February 2013 for Lewisham PCT. At month 11 the PCT had reported a financial surplus of £5.102m year to date and was forecasting to deliver on a full year forecast basis the planned 1% surplus which was in line with expectations. The PCT expected to deliver its statutory financial duties;

- Manage within its revenue resource limit
- To manage within its cash limit
- To manage within its capital resource limit

The acute services expenditure position continued as the most significant area of financial pressure. The PCT reserves were expected to cover the forecast acute overspend.

The month's position included a full year estimate of £1.4m of retrospective continuing care claims. Work was being untaken to accurately assess the potential full impact of claims and it was likely that the full year estimate would increase to over £2m. Unpaid claims would be the responsibility of the CCG next year. This had been flagged as a significant risk.

The delivery of the CCG QIPP savings was better than target, which would allow the CCG to deliver its operating plan QIPP savings of £9.8m. Mr Read said that they were pleased with the overall performance of QIPP programmes over the year.

In response to a question raised, Mr Read explained that the £4.2m LHNT overspend was on hospital based activity and in particular on outpatients and emergency admissions.

The £5m surplus would go to the treasury who would then pay it back into the system as a return, some of which would come back to the CCG in 2013/14. There was an expectation that a 2% surplus would be required in 2014/15.

13/51.3 Performance

Mr Read introduced the report that covered monthly reported items and quarter 3 performance. The key successes so far this year were outlined:

- Infections for MRSA and CDifficile had more than halved year on year.
- All cancer waiting time targets had been met year on year
- All headline 18 week referral to treatment targets had been met

The key red areas were:

- Smoking cessation – Q3 performance showed that the CCG was now 156 behind plan with Q4 requiring 724 to achieve the target for the year.
- Immunisation performance with a focus on pre school booster performance - a task group had been set up, led by Dr Chen, to identify key actions. The outcome of this work would be reported in the August performance report.
- Health Checks - the number of health checks carried out was at an all time low. In part this could had been caused by under reporting by some practices. A short piece of work using a new searching report to achieve accurate data would be carried out led by Dr Gupta in order to lead practices to record higher numbers. The overall projection would meet the planned target for 2012/13.
- Improving Access to Psychological Therapies (IAPT), the service had provided a recovery trajectory over 2013/14 for waiting times. An analysis had identified that people with more severe mental health needs had been accessing the service. It was acknowledged that patients were affected by economic factors. Ms Carlin said that waiting times had come down and that patient experience had been positive. Quality alerts were being extended to cover mental health issues.

Mr Warburton asked whether there was not another way to use the £400k allocated to LHNT for the smoking cessation CQUIN thereby achieving better results. Dr Ruta answered that the service was commissioned from LNHT for a cost of £700k but that what was covered in the contract was not being delivered. He felt that more outreach work was required and that the design of the CQUIN was at fault.

Mr Read added that if the contracted service was not being delivered remedial actions should be taken before continuing new investment. The £400k CQUIN does not have to be for smoking cessation.

Mr Malcolm-Smith said that Smoking Quits was a priority for next year. An independent review would be carried out to look at what we could learn from other areas and what we have done well before. This work would be carried out with Public Health.

Dr Gupta explained that all data had to be put in manually into the Department of Health (DH) reporting tool, Quit Manager. This may not effectively reflect the quit rate.

Dr Abraham said that the contracting process should reflect the CCGs objectives. The clinical commissioning side into contracting was still under development. A contract monitoring meeting was

held with LHNT. A fuller discussion was needed on the community contract with LHNT. Mr Stevenson would bring a report back to the Delivery Committee.

ACTION: Neil Stevenson

Dr Majid added that the contract process was very technical and that a timeline was needed for contractual levers, whether the process was fit for purpose should be asked.

Mr Read continued the report, over 52 week waiters continued to decrease with all providers giving assurance that they had a plan to reduce these to zero by the end of 2012/13 except King's whose reduction to zero waits would be achieved by the end of Q1 2013/14. LHNT continued to underperform on A&E 4 hour performance and 12 hour wait to be admitted to a bed incidents. There were 5 patients affected in one incident and 8 in another, both had been declared as a Serious Incident for which LHNT would produce a final report which would come to a Part II Governing Body meeting. Additional staff had been put in place to address the matter. This was a national priority monitored at the Secretary of State level. Trusts with 52 week waiters could be fined by the contracting commissioner, it was expected that contractual fines would apply to Kings.

Ms Gillard pointed out that with regard to IAPT, 2011/12 was shown as a red rating and 2012/13 as a green because the plan had been reduced. As this was queried Mr Read would find out why and feedback to Ms Gillard.

ACTION: Tony Read

Mr Majid said that trolley breaches were out of the ordinary at LHNT and that the staff were working long hours to address the situation. He added that quality across both LHNT and Queen Elizabeth Hospital could suffer because of concerns over the TSA.

The Governing Body NOTED the reports

LEW 13/52 2013/14 Contract Update

13/52.1 Acute and community contract update

Mr Read gave the report. There had been an expectation that the CCG would reach agreement with Guy's & St. Thomas' (GSTT) and Lewisham Healthcare Trust (LHNT) by 31 March 2013 and would have Heads of Terms in place. If there was not agreement by 8 April then it could go to external arbitration. At the time of the meeting the contracts for the three main providers, LHNT, GSTT and King's, had not be signed off but that agreement was close for all and should not have to go to external arbitration.

Dr Tattersfield wanted it noted that there should be a representative from Acute Contracting at these meetings.

Mr Read confirmed that the contracts could be varied during the year to include further quality issues if required.

Mr Warburton asked how patient experience was filtered into contracts. Dr Rowland replied that the CCG had an input but that the process was not transparent. Internal processes needed to be looked at. Dr Abraham added that the process of identifying issues of quality through the alerts going into the contracts was missing.

Dr Majid explained that the focus of FLAG was to be changed to make ensure patient contribution to the process. Ms Robbins, as Governing Body PPI lead, would join the membership of FLAG to close the loop.

The Committee NOTED the progress against the CCG's main acute contracts

13/52.2 South London & Maudsley NHS Foundation Trust (SLaM) Contract

Ms Carlin gave the report. The final detail of the contract was currently being signed off. The baseline for the 2013/14 SLaM contract was £56.9m. The QIPP would focus on Community Mental Health Team provision and inpatient bed usage.

Ms Robbins asked about patient experience and that more focus should be on changes with direct patient feedback through the link workers scheme with a clearer role of feeding back into quality to assist changes on wards. Ms Gillard would send the report produced by LINks to Ms Carlin.

ACTION: Ms Gillard

Ms Carlin added that SLaM needed to do more work on quality alerts and that the link workers would look at feedback from primary care clinicians. SlaM were to re-establish a senior management link for each of the boroughs to ensure that there was a strong borough focus across CAGs (Clinical Academic Groups). She acknowledged that there needed to be a better system in place for capturing feedback.

It was suggested that an episode would not be complete until the medical discharge was received therefore SLaM would not be paid until that point. Currently in advance of PbR it was difficult to quantify an episode of care. There was a need to look at putting systems in place for payment and non payment of PbR. There should be sign off on the system from LSL colleagues on this work.

Quality alerts would be monitored and reported back to the Quality Contract meeting by the mental health commissioner.

The Committee NOTED the report and update on developments.

LEW 13/53 Quality Assurance Framework (QAF)

Dr Majid introduced the report which set out the framework within which the CCG enacted its duties in relation to patient safety, the improvement of patient's experience of care and to ensure that commissioned services provide effective health care. He gave an explanation on the chart which showed the quality assurance framework information flows, divided into provider assurance and population assurance.

The following was highlighted:

- A template for exception reporting would be produced to be used for all meetings.
- The mapping out of where the CCG gained assurances was noted as a work in progress.
- The QAF had been designed as a process of minimum reporting and would give sufficient assurance as a public facing document.
- Assurance would come from the Audit Committee to ensure that all commissioners were doing their jobs.
- High level reports would come to the Governing Body.

Ms Robbins thought that the framework was an impressive start and pulled together the strands of work.

Mr Warburton thanked Dr Majid and Mr Hewett for the report and asked for the following to be included; CQC quality risk profiles and PALS and Complaints data.

Ms Gillard and Mr Hewett would meet to discuss Healthwatch reports.

Dr Abraham said that the LSL Integrated Performance Committee structure was under review. The landscape could change for Lewisham and Greenwich in line with the TSA decision.

It was agreed that the chart could be shared with partner organisations.

The Committee NOTED the Quality Assurance Framework

LEW 13/54 Chair's Action

13/54.1 Section 256 Joint Commissioning Agreement

The transfer under Section 256 of the NHS Act 2006 in respect of Improving Access and Outcomes would help secure additional health gain in improved health outcomes and reduced inequalities through improved access to primary and community based services. Detail of the agreement would be circulated to Governing Body members.

ACTION: Tony Read

The agreement was concluded after the March 2013 Governing Body meeting on 21 March 2013.

There was not yet an agreed detailed expenditure and investment plan. A further report would come back to the Governing Body in July.

13/54.2 Any Qualified Provider (AQP)

The Delivery Committee had received a report with the recommendation that the CCG agreed to be party to the London wide AQP contract for continuing care developed by the London Procurement Programme. As there were concerns including the robustness of the financial modelling, it was agreed to defer a decision to allow a more detailed conversation about the risks at a Clinical Directors meeting on 28 March 2013. Mr Read had notified the London Procurement lead on behalf of the Governing Body and had sought assurances about arrangements for increasing capacity.

13/54.3 Approval of Policy Pack

Chair's action had been taken on the policy pack presented to the Delivery Committee on 21 March. The CCG were required to have a set of policies in place by 1 April 2013. Five new policies had been approved and 54 existing PCT policies as CCG policies pending their future update would be rolled over.

These policies would now be included on the CCG website.

The Governing Body RATIFIED the Chair's action.

LEW 13/55 Accountable Officer Action

13/55.1 Transfer Scheme to CCG

Mr Read explained that the transfer scheme was the process being used for the legal transfer of assets and liabilities from Primary Care Trusts and Strategic Health Authorities to CCGs and other organisations. A report had come to the February Governing Body meeting where the delegation of authority to the CCG Accountable Officer to sign off the list of assets and liabilities had been agreed.

The Transfer Scheme for Lewisham had been approved as complete at the PCT Joint Boards meeting in March 2103.

Mr Read said that risks were low for the CCG. The organisation had joined the NHSLA schemes. Capsticks had advised on the content and wording of the Lewisham Transfer Scheme including the sweeper clauses that cover arrangements for any assets or liabilities that may have been omitted in error.

There were legacy management arrangements in place which would cover outstanding PCT business not picked up by the CCG, such as invoices related to March 2013 activity but paid in April.

The Committee NOTED that the Chief Officer was satisfied with the arrangements for the transfer of assets and liabilities form PCTs to Lewisham CCG under the transfer scheme to be signed by the Secretary of State

LEW 13/56 Corporate Objectives

Mr Malcolm-Smith gave the report which provided information on the process being undertaken for corporate objectives which would be developed for agreement by the Governing Body at the May 2013 meeting.

The Committee NOTED the planned process for developing and agreeing the CCG's corporate objectives for 2013-14.

LEW13/57 Any Other Business

There was no other business reported at this meeting.

LEW13/58 For Information Reports

Shadow Audit Committee

The approved minutes from the 11 February 2013 Shadow Audit Committee were taken for information.

LEW13/59 Date of Next Meeting

The next meeting for the Governing Body would be held between 13:00 – 15:30 on Thursday 2 May 2013 at Cantilever House.

Minute Reference	Action	Responsible Person	Timescale	Status/Comments
April 2013				
13/48	Smoking Cessation –Review the alignment of CQUINS with CCG priorities. To be fed into contract team discussions	Tony Read		This was part of the commissioning cycle and intentions for 14/15 contract round
13/50	NHS 111 item to go to Delivery Committee	Tony Read	May/June 2013	May/June 2013 Delivery Committee
13/51.3	A paper on the LHNT community contract to come back to the Delivery Committee.	Neil Stevenson	April	A contract negotiations briefing was taken to the April Delivery Committee
13/51.3	Performance report - IAPT – 2011/12 was shown as a red rating and 2012/13 as green because the plan had been reduced. As this was queried Mr Read would find out the reason why.	Tony Read – Jennifer Gillard		2011/12 target was externally set. Following discussion with SEL Cluster it was agreed to decrease the trajectory.
13/54	Detail of the Section 256 Joint Commissioning Agreement to be sent to Governing Body members	Tony Read		To be sent 29 April.
March 2013				
13/31	A report on concerns raised by the GP survey to go to the Delivery Committee	Mike Hellier	May Delivery Committee	Ms Gillard to send LINks report to Mike Hellier
13/33.4	Risk management - a report on the concerns regarding some primary care contractors not CRB checked or having undertaken Safeguarding training.	Alison Browne	April 2013	Members of all primary care contractors undertaking Level 2 training are reviewed and monitored at FLAG (for learning and action group). Dr Jane Fryer would undertake CRB checks for independent contractors.

Feb 2013				
13/20.2	QIPP report – for the Delivery Committee to look at trends in specified areas.	Tony Read	April Delivery Committee	Retrospective learning exception trends for 2012-14 to go to the Delivery Committee
13/20.3`	A report on IAPT to come back to the meeting following request for further information.	Mike Hellier	April 2013	This will be reported in the April Quarter 3 Report with an update of the exception report actions and any new data requested.
13/23	Clarity on the role of the Healthwatch's representative on the Governing Body to be given. A report on the years programme for Healthwatch to come to the meeting.	Charles Malcolm-Smith Aileen Buckton	April 2013 July 2013	Charles Malcolm-Smith has been in touch with the Managing Director of Voluntary Action Lewisham, which will be the Healthwatch provider in Lewisham, to arrange a meeting to discuss.
Jan 2013				
13/05.2 (iii)	Patient experience – this was not shown on the tracker, there were healthy living outcomes but not how the population feels now and how things could be done better. This would go to the PPE Group for consideration.	Diana Braithwaite	May PPE Group	This action has been discussed and agreed with Diana Robbins
13/05.2 (iv)	An update report on issues relating to the CQC inspection of Safeguarding and Looked after Children Services in Lewisham would go to the March Delivery Committee and April Governing Body.	Health Safeguarding Group	April 2013	This would also go to the Health and Safeguarding Group in March

Nov 2012				
12/125	To review the validity of a health assessment especially in the light of children placed outside of the borough.	Dr Donal O'Sullivan	June 2013	Jan 2013 update -This had to be postponed the assessment would now commence in March with a report back to the Governing Body in June
12/72	Redesign of Health and Social Care – an analysis of benefits to patients, providers and commissioners would be produced.	Joan Hutton/Jackie Maskell	May Delivery Committee/July Governing Body meeting	The report went to go to the January PPI and Inequalities Group meeting. It was agreed that a report would come back to the Governing Body in July once the project was completed. This has been added to the forward planner.