



Lewisham Clinical Commissioning Group

## Governing Body meeting

**Minutes of the meeting of the Lewisham Clinical Commissioning Group Shadow Governing Body held on Thursday, 7 March 2013 at 13.00 at Cantilever House, Eltham Road, London SE12 8RN**

### Present

|                       |  |
|-----------------------|--|
| Dr Helen Tattersfield | Clinical Chair                               |
| Dr David Abraham      | Senior Clinical Director                     |
| Prof. Ami David MBE   | Nurse Member                                 |
| Ms Jennifer Gillard   | Lewisham LINK Member                         |
| 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         | Joint Director of Public Health (from 13/34) |
| Mr Ray Warburton OBE  | Lay Vice Chair                               |
| Ms Sarah Wainer       | Head of Strategy – for LB of Lewisham        |
| Mr Martin Wilkinson   | Managing Director                            |

### In Attendance

|                          |   |
|--------------------------|---|
| Ms Lesley Aitken         | Corporate Services Manager                      |
| Ms Diana Braithwaite     | Commissioning Director                          |
| Mr Mike Hellier          | Head of System Intelligence                     |
| Mr Graham Hewett         | Head of Integrated Governance                   |
| Mr H Hothi               | Novartis Pharmaceuticals                        |
| Mr Charles Malcolm-Smith | Head of Strategy and Organisational Development |
| Ms Lois Meade            | Sanofi Pharmaceuticals                          |
| Ms Victoria Medhurst     | Member of the Public                            |
| Ms Susanna Masters       | Corporate Director                              |
| Mr Mike Salter           | Head of Medicine Management (for item 13/39)    |
| Mr Neil Stevenson        | Assistant Director, Acute Contracting; SLCSU    |
| Mr Paul Webbewood        | Member of the Public                            |
| Mr David Whiting         | Non Executive Director, Lewisham PCT            |

### Apologies

|                     |  |
|---------------------|--|
| Ms Aileen Buckton   | Executive Director Community Services, LB Lewisham |
| Dr Judy Chen        | Clinical Director                                  |
| Dr Suparna Das      | Secondary Care Doctor                              |
| Dr Hilary Entwistle | Clinical Director                                  |
| Dr Simon Parton     | LMC Chair  |

### LEW13/28 Welcome and Announcements

Dr Tattersfield welcomed all to the meeting and introduced Professor Ami David the Governing Body Nurse Member. This was Professor David's first Governing Body meeting due to a clash with other

meetings as her post covers Lewisham, Lambeth and Southwark. This situation had now been rectified.

Dr Tattersfield informed the Governing Body of the sad news that Mr Kevin Trowell a valued member of LINK had passed away. She said he would be sorely missed and praised his contribution as a LINK member and with the CCG and previous organisations in their development.

**LEW13/29      Declarations of Interest**

Dr Das and Professor David's entry would be changed to reflect their work for Lambeth and Southwark. Taking that into account there were no further declarations other than those recorded.

**LEW13/30      Previous Minutes**

The minutes for the meeting held on 7 February 2013 were discussed and agreed as a true and accurate record.

**LEW13/31      Action Log and Matters Arising**

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

Ms Gillard reported that GP Surveys had been compared across the borough and that she would send the report to Mr Hellier. A report on concerns would go to the Delivery Committee.

**ACTION: Mike Hellier**

Mr Warburton voiced concerns about the independence of VAL (Voluntary Action Lewisham) as the new appointed representation organisation for Healthwatch. Ms Wainer confirmed that this would be a separate constituted body. This item would come back to the Governing Body in April and discussed at the PPE Group.

**ACTION: Diana Braithwaite**

A report had gone to the Healthier Communities Select Committee. Ms Braithwaite added that the issue of identity was important.

**LEW13/32      Chair's Report**

Dr Tattersfield gave the last Chair's report of the Shadow Governing Body. She said that during the last 12 months an exciting journey had been travelled, new skills gained and forged new and strengthened existing relationships. There had been full engagement with Lewisham GPs and with the residents of Lewisham.

It was envisaged that the CCG would be fully authorised on 1 April 2103 with the one condition hopefully removed as further evidence had been supplied. The CCG was at a good starting point for the new year with pride in achievements made. It was acknowledged that there was a difficult year ahead especially because of the TSA decision. Dr Tattersfield thanked all for their contributions to the success of the organisation, especially the outgoing PCT Non Executive Directors and representatives and the lay members and officers who had worked hard towards the new organisation.

Mr Wilkinson was in particular thanked for all his work.

**LEW13/33      Integrated Performance Report**

13/33.1                      Delivery Committee report

Mr Wilkinson reported that the Delivery Committee had discussed the triangulation of the Integrated Performance Report in order that the information given was not replicated. The breath of the Delivery Committee agenda had been discussed.

### 13/33.2 – Finance and Quality, Innovation, Productivity and Prevention (QIPP) Report

Mr Read presented the report which covered the ten month period to the end of January 2013 and had been received by the Delivery Committee on 21 February 2013. At month 10 the PCT was meeting the 1% surplus year to date and was expected to deliver the planned surplus. He reported that the budgets were underspent by £4.131m in line with the 1% surplus. Against the CCG budgets which the CCG would be responsible for from April 2013, there was a surplus of £3.386k to date with a year end surplus of £4.54k. Specialist Commissioning and Acute Services were over spent by £4.8m at Month 10 and with a full year forecast of £5.5m overspend. Specialist Commissioning would go to the NHS Commissioning Board.

Regarding new key variances there were no exceptions to report this month.

Against the £9.81m QIPP budget the current forecast outturn was a £39k better than target.

He updated the meeting on the two issues not shown in the report:

- Capital – Lewisham PCT had an underspend mainly because of the Virtual Patient Record which would not go ahead in 2012/13.
- The planned extension of the PCT's joint commissioning arrangements with the London Borough of Lewisham – Discussions and arrangements are nearing conclusion and it is expected to sign off arrangements before the end of March, by way of a section 256 agreement. The joint arrangements focus on improving health =outcomes through improving primary care and access to services that prevent the need for hospital based secondary care. There could be a need for Chair's action due to the timing of meetings ahead of the April meeting. A verbal progress report will be made to the Delivery Committee in March.

Mr Warburton welcomed the excellent report.

### **The Committee NOTED the Finance and QIPP Report**

### 13/33.3 – Performance Report

Mr Read introduced the report which gave an update on monthly or weekly reported items. The main report had been given at the Delivery Committee with any exceptions being reported at the Governing Body. At this meeting there were no new exceptions to report.

The following was highlighted and discussed:

The 18 week referral to treatment (RTT) times for all standards had continued to be met in December 2012. There were however 21 patients waiting over a year without treatment starting. By the end of March 2013 LHNT and GSTT had said that they would have cleared their long waiters list, but King's would still have 11 Lewisham patients that would not be cleared off the list until June 2013.

Regarding the A&E four hour waiting time standard the measure had mainly been below the standard of 95%. This had been affected at LHNT by the Norovirus outbreak. The ambulance handover target had not been achieving the standard but was an improvement on last year. There were no ambulance waits in January and February 2013. There had been a high number of ambulances received at Lewisham A&E department which was due in part to divers from neighbouring trusts.

There had been increased scrutiny from the NHS Commissioning Board (NHS CB) looking at the CCG targets. A meeting would be held with the NHS CB, six CCGs and providers to look at issues and solutions.

Mr Wilkinson said that the quality for care of patients affected by 12 hour breaches was being raised to seek assurance from LHNT that patient care was not being compromised.

Mr Hellier informed the meeting that the quarterly data was received later so that it was not shown on this report. The Smoking Cessation Q3 data would be received the following week. The full Q3 data would be available for the next Delivery Committee.

**The Committee NOTED the report and actions in place to improve performance.**

#### 13.33.4 Risk Management

Mr Hewett explained that this would be the last time the BAF in its current format, which was developed by the Joint Boards, would be presented the Governing Body. A new format for the CCG had been developed and would be presented at the April meeting, this would be a Lewisham document and would align with objectives.

A Risk Management workshop would be held on 19 March to discuss the corporate objectives and to develop risks.

Some risks had been de-escalated and removed because they had been successfully mitigated. With reference to the Heat Map, Mr Hewett confirmed that as mentioned, the TSA risk had escalated.

The risk that *Primary Care contractors, mainly dentists and opticians, had not been CRB checked or undertaken Safeguarding training caused by lack of control and monitoring by the NHS CB leading to potential risks to Children and Vulnerable Adults* was escalated onto the BAF as the CCG had not received sufficient assurance that the NHS CB has systems and processes in place to manage the function. Ms Browne, Nurse Director, was leading on this area and there would be an update report back to the next Governing Body meeting.

**ACTION: Alison Browne**

**The Governing Body APPROVED the Board Assurance Framework**

#### **LEW 13/34      2013/14 Budget Update**

Mr Read presented the report which gave an update on the draft revenue and capital budgets for 2013/14.

The CCG was planning to deliver a 1% surplus of £3.64m for 2013/14 to allow for this £12.1m of net savings would be required, of which £5.65m would be delivered through continuation of schemes starting in 2012/13.

The uplift on allocation for programme expenditure for next year would be £8m with non recurrent allocation at £5.8m; some of which would transfer to social care. The total start CCG budget, including running costs allowance, would be £376.984m.

2% of funds had been set aside for non recurrent expenditure which would include supporting the Community Based Care transformational strategy implementation and other QIPP schemes. To achieve the 1% surplus there would be a need to deliver QIPP efficiencies of £12.1m. QIPP schemes have been developed and are being risk assessed.

A report would come to the April Governing Body meeting on the contract position.

**ACTION: Tony Read**

With regard to the draft budget £203m had been allocated for acute activity and £146m for non acute.

The Virtual Patient Record had been delayed in the current financial year. There was currently work been undertaken with the potential to extend the Business Case to include Queen Elizabeth Hospital and the wider Greenwich community.

Mr Read confirmed that the CCG would be in a position to have contracts signed off by 28 March but as the NHS CB were still holding discussion with providers this could be delayed.

The 'soft' launch of NHS 111 was now expected on 19 March. The £1m PCT funding for the NHS Direct 0845 number service had not been returned as expected and there was no indication that it would. Therefore this was flagged as a risk that has to date been included in the draft budget as narrative only. It was acknowledged that the clinical telephone aspect would be phased in during June and that this could have an impact on the out of hours (OOH) work. Dr Abraham added that the consortium would now not deal with the clinical telephone aspect but would transfer to SELDOC

**The Governing Body acknowledged the risks and ongoing work and NOTED that a further update on the final budget would be presented to the Governing Body after contracts had been agreed and the validation of the Specialist Commissioning allocation adjustment had been completed.**

#### **LEW13/35      Draft Lewisham PCT Annual Governance Statement**

Mr Hewett presented the PCT Annual Governance Statement (AGS) which was a statutory requirement for all NHS organisations and was part of the annual accounts.

The AGS showed the governance business over the past year with emphasis on the risk process and issues. One new area was Significant Issues in 2012.13 which had been identified by the internal auditors. For Lewisham there was just the one, 'Conflicts of Interest', which had now been resolved.

Areas that the Audit Committee decided should be audited by Internal Audit were reconfiguration and lessons from NHS Croydon.

Ms Robbins asked that reference to the views of the public and wider partnerships should be included in the AGS.

Page 20 that showed new risks identified in the year 2012/13 should be updated to include additional Lewisham specific risks.

#### **The Governing Body NOTED the Annual Governance Statement for Lewisham PCT**

#### **LEW 13/36      Quality Assurance Framework and Francis Inquiry – progress report**

Dr Majid introduced the progress report which provided the Governing Body with an update on the development of the CCG's Quality Assurance Framework (QAF) and the proposed approach to ensure that the relevant conclusions and recommendations of the Francis Inquiry were taken forward and incorporated within the QAF and with our partner organisations. It was proposed that the Delivery Committee would be the lead committee for taking forward the QAF and ensuring the implementation of the Francis Inquiry action plan. Dr Majid would be the lead clinical director to be supported by Ms Browne, the Nurse Director, for professional expertise and Ms Masters, Corporate Director, for managerial co-ordination.

Mr Warburton that the Internal Auditors for next year would be requested to look at the recommendations in the Francis report as part of the audit plan. Dr Majid added that there had been discussions held at the Adult Safeguarding Board where all providers had agreed that work needed to start on addressing the recommendations made.

A change in culture and communications were key, KPMG would be requested to test the CCG's processes. We needed to know what our remit was as a commissioning organisation and what systems should be in place.

The following comments were given:

- Ms Robbins said that the key issues should be around engagement, she proposed that a public group should be developed to look at the relevant issues.
- Professor David added that the commissioning and contracting processes needed to be looked at with full engagement from all staff.
- There would be a role for Healthwatch in the engagement process. The CSU were running pilot studies.
- There should be a multi-agency approach
- The PPE group would look at where Family Friendly Test (FFT) would fit in.
- There was a need to document existing quality structures.
- The QAF and outline process, roles and responsibilities would go to FLAG and onward to the Delivery Committee and to the Governing Body for agreement.

A workshop would be arranged with providers where real examples could be tested.

**The Governing Body NOTED the work in progress to develop a Quality Assurance Framework (QAF) to be in place by 1 April 2013.**

#### **LEW 13/37      Strategy Progress Report**

Dr Abraham introduced the report whose aim was to provide the Governing Body with a progress report on the work that had taken place during recent months to develop the CCG's Strategic Plan. The Plan was based on three strategic priorities; healthy living for all, the frail vulnerable elderly and people with long term conditions. It would support work to assess the implications for primary and community improvements in Lewisham working with members and other stakeholders.

Further collaborative work with the South East London CCGs to scope and implement the work programmes for key enablers, a SEL Community Based Care (CBC) Transformation Board Workshop was being held in April which would be attended by Ms Browne and Ms Buckton.

Dr Abraham said that consultation and engagement dissemination aimed to help Lewisham residents understand the strategic framework and its priorities was required.

It was requested that comments were to be sent to Ms Masters.

Mr Warburton asked that on page three first bullet, the text be changed to reflect that we are here for all people in Lewisham.

**The Governing Body NOTED the CCG Strategic Plan and the South East London's Community Based Strategy.**

#### **LEW13/38      Clinical Commissioning Group Authorisation and Development Report**

Mr Malcolm-Smith presented the paper which provided information on Lewisham CCG's progress with the authorisation requirements and with supporting organisational development. He reported that following the CCG being authorised with one condition the Nurse Director, Ms Browne worked with the SEL Chief Nurse and NHS Commissioning Board delivery director for South London to produce a rectification plan to meet the condition. Further evidence was submitted on 22 February with the outcome expected in March.

KPMG were producing a programme for the next phase of CCG development. A strategy development workshop for the Governing Body was scheduled for 20 March.

A leadership programme for GPs, practice nurses and practice managers would commence on 7 March.

**The Committee NOTED the CCG submission for review of its condition, and for the planned development activity.**

**LEW13/39      The Safe Management of Controlled Drugs in Lewisham**

Mr Salter gave the report. He explained that the regulations 'Controlled Drugs (Supervision of Management and Use) Regulations 2006' came into effect on 1 January 2007 as a result of the Government's response to the Shipman Inquiry, these regulations placed a statutory duty on the PCT to appoint an Accountable Officer for Controlled Drugs. From 1 April 2013 this responsibility would be transferred to the NHS Commissioning Board though CCGs would be obliged to co-operate with them and be a member of the Local Intelligence Network. Therefore Medicine Management would continue to monitor activities and assist in the investigation of concerns.

**The Committee NOTED the responsibilities of the PCT in relation to the regulations of Controlled Drugs and how this responsibility has been discharged for Lewisham PCT**

**The Committee NOTED that this responsibility was to be transferred to the NHS Commissioning Board local Controlled Drug Accountable Officer from 1 April 2013.**

**LEW13/40      Any Other Business**

Healthwatch

It was acknowledged that Lewisham LINK would cease at the end of March 2013, after which Healthwatch would be in place. As yet a Healthwatch representative for the Governing Body had not been named.

A paper would go the Healthier Communities Select Committee formally announcing that the Healthwatch contract had been awarded to Voluntary Access Lewisham (VAL). Branding and the issues of independency would be raised.

Ms Gillard was thanked for all her support to the PCT and CCG.

Complaints

Ms Robbins said that she had attended a meeting for lay members and wanted it noted that it was felt that there were not satisfactory arrangements in place for the NHS Commissioning Board to take on primary care complaints. It was explained that the CSU would provide a service across Lambeth, Southwark and Lewisham from 1 April 2013 to address commissioning complaints.

TSA

Dr Tattersfield reported that there was a draft implementation plan in place. The announcement regarding whom would be the new TSA was awaited. The SEL CCGs were asking for independent assurance that the process was safe, this would be discussed further at the Strategy Group. It was stressed that it was business as usual at the CCG and Lewisham Hospital.

Regarding the restructuring of CBC services, Lewisham CCG were chairing the process across the six SEL CCGs. There was no dedicated external funding for CCGs but there was for providers during the transition period. A policy document was due to come out from the Department of Health.

**LEW13/41      For Information Reports**

#### **41.1 Report back from the Audit Committee**

Mr Warburton reported that the Shadow Audit Committee had met on 11 February. At this first meeting the terms of reference had been reviewed. The membership would be:

- Chair – the lay member of the governing body who was had qualifications, expertise or experience in financial management and audit matters;
- The lay member of the governing body appointed as lead on patient and public participation matters,
- Senior Clinical Director with lead for quality
- Secondary Care Consultant
- Registered Nurse

Individuals in regular attendance but who were not members of the Committee included; the CCG's Accountable Officer, Chief Financial Officer and representatives from internal and external audit services. The membership was now fit for purpose.

The Audit Committee would review arrangements for integrated governance, risk, internal control and finance.

KPMG was to be rolled over as Internal Auditor for 2013/14 with a competition for the service being developed mid point during the year for 2014/15 onwards. An Internal Audit Plan was being developed for 2013/14. The next meeting of the Committee would be 18 March.

Grant Thornton were proposed by the Audit Commission as the External Auditor for 2013/14 and onwards. The Audit Committee agreed the proposal subject to any conflicts of interest from the Audit Committee and Governing Body. Mr Read was reviewing their fees.

Lessons learned from NHS Croydon; this situation was due to financial control mismanagement and lack of management action. KPMG wrote the report which was presented to the Committee. The Assurance Checklist was discussed at the meeting with members being asked to put forward their priorities from the list.

The approved minutes from the Audit Committee would come to the Governing Body meetings with a report from the Audit Chair at an appropriate position on future agendas.

**ACTION: Ray Warburton/Lesley Aitken**

#### **41.2 Minutes from the Health and Well Being Board**

Dr Ruta gave a verbal report on the last Shadow Health and Wellbeing Board. He said that the last meeting had been part formal and part workshop with presentations on obesity. The Lewisham Food Policy had been adopted by all providers along with healthier catering commitments by fast food establishments. This had been the last meeting of the Board in shadow form.

Ms Weiner said that it would be a statutory committee of the council, all the work carried out in shadow form would be continued and the membership revised by 1 April 2013.

#### **LEW13/42 Date of Next Meeting**

The Committee noted that the next meeting would be held on Thursday 4 April 2013, 13.00-15.30 at Cantilever House with subsequent formal meetings held bi-monthly.

**ACTION: Lesley Aitken to revise timetable**

| Minute Reference  | Action   | Responsible Person          | Timescale                | Status/Comments  |
|-------------------|--|-----------------------------|--------------------------|--|
| <b>March 2013</b> |  |                             |                          |  |
| 13/31             | A report on concerns raised by the GP survey to go to the Delivery Committee   | 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               |  |
| 13/34             | Contract position 2013/14 – a update report to come back to the Governing Body   | Tony Read                   | April 2013               | On agenda  |
| 13/41             | Approved minutes plus a report from the Audit Chair to be a regular agenda item,   | Ray Warburton/Lesley Aitken | From April 2013          | On agenda  |
| <b>Feb 2013</b>   |  |                             |                          |  |
| 13/18             | Internal Audit arrangements – recommendations on internal audit arrangements to come back to meeting.  | Tony Read                   | March meeting            | Verbal report  |
| 13/20.2           | QIPP report – for the Delivery Committee to look at trends in specified areas.   | Tony Read                   | April 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. |
| 13/22             | Transfer Scheme – a contracts list to be circulated to the Governing Body.   | Tony Read                   | March 2013               | The contracts list was circulated to Governing Body members  |

|               |  |                           |               |   |
|---------------|--|---------------------------|---------------|---|
| 13/23         | A report on the years programme for Healthwatch to come to the meeting.  | Aileen Buckton            | May 2013      |   |
| 13/23         | Clarity on the role of the Healthwatch's representative on the Governing Body to be given.   | Charles Malcolm-Smith     | April 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 |   |
| 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<br><br>This will be dealt with as part of an assessment of the healthcare needs |

Lewisham Clinical Commissioning Group

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|                  |  |                            |          | of looked after children. There will be an update at the January meeting.   |
| <b>June 2012</b> |  |                            |          |   |
| <b>12/72</b>     | Redesign of Health and Social Care – an analysis of benefits to patients, providers and commissioners would be produced. | Joan Hutton/Jackie Maskell | May 2013 | 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 May once the project was completed. This has been added to the forward planner. |