



Governing Body meeting

Minutes of the meeting of the Lewisham Clinical Commissioning Group (LCCG) Governing Body held on Thursday, 9 July 2015 at the St. Laurence Centre, 37 Bromley Road, London SE6 2TS

Dr Marc Rowland	Chair, LCCG
Dr David Abraham	Senior Clinical Director, LCCG
Prof. Ami David MBE	Nurse Member, LCCG
Dr Hilary Entwistle	Clinical Director, LCCG
Dr Jacky McLeod	Clinical Director, LCCG
Ms Rosemarie Ramsay MBE	Chair, Healthwatch Lewisham
Dr Angelika Razzaque	Clinical Director, LCCG
Ms Diana Robbins	Lay Member, LCCG
Dr Danny Ruta	Public Health Director, LB Lewisham
Mr Ray Warburton OBE	Lay Deputy Chair, LCCG
Mr Martin Wilkinson	Chief Officer, LCCG

In Attendance

From Lewisham CCG, South East CSU or London Borough of Lewisham:

Ms Lesley Aitken	Board Secretary (notes), LCCG
Mr Nick Brown	Head of Finance, LCCG
Mr Mark Drinkwater	Engagement Officer, LCCG
Mike Hellier	Head of System Intelligence, LCCG
Mr Graham Hewett	Head of Integrated Governance, LCCG
Ms Valery Lawrence	Communications Manager, SECSU
Mr Charles Malcolm-Smith	Head of Strategy and Organisational Development, LCCG
Ms Susanna Masters	Corporate Director, LCCG
Mr Richard Whittington	Associate Director, Commissioning, LCCG

There were 4 members of the public present for the meeting.

Apologies

Ms Aileen Buckton	Executive Director Community Services, LB Lewisham
Dr Faruk Majid	Senior Clinical Director, LCCG
Dr Simon Parton	LMC Chair
Mr Tony Read	Chief Financial Officer, LCCG

LEW 15/73 Welcome and Announcements

Dr Rowland welcomed all to the meeting.

LEW 15/74 Declarations of Interest

There were no new declarations of interest given at the meeting.

LEW 15/75 Previous Minutes

The minutes of the previous meeting were taken as a true record subject to the following amendments:

15/61 - Clarification that Mr Warburton and Dr Majid had requested that some future meetings of the Delivery Committee should feature core business with a focus on exception reporting.

15/62 (page 21, 2nd bullet point last line) – ‘to ensure that account was taken in all the business not just that related to *consultation*’ (not Constitution).

LEW 15/76 Action Log and Matters Arising

Updates were given and the action log was reviewed and revised.

15/57 South East London 111 Procurement

Mr Wilkinson informed the meeting that there was now a revised timeline following a national instruction from NHS England to put on hold any plans to re-procure NHS 111 services until the end of September 2015. Work can continue internally on the service specification. An update report would come back to the meeting.

ACTION: Diana Braithwaite

15/55 Further information on the time commitment for members of the Joint Committee for Primary Care Co-commissioning would be provided when known.

ACTION: Martin Wilkinson

15/58 Detail of Primary Care budget – detail to be circulated to members; this was outstanding and would be actioned outside of the meeting.

ACTION: Tony Read

15/60 Larger font for the BAF – Mr Hewett said that the font had been increased by two sizes but members felt that the BAF was still quite difficult to read. It was acknowledged that increasing the size any further would change the layout of the report; finding a solution to this would be discussed outside of the meeting.

ACTION: Graham Hewett

15/63 Following attendance by Ms Buckton at the Governing Body work shop in June, Mr Wilkinson had confirmed with Ms Buckton that she was, on behalf of Lewisham Council, satisfied with the arrangements for the Committee in Common for Strategic Decision Making. **This action was now closed.**

LEW 15/77 Chair's Report

Dr Rowland gave his report. He highlighted the following:

- The setting up of the four neighbourhood GP federations which would allow further development of integration of GP, primary care, mental health and community and social care services.
- The chairing of South East London Care by Community Based Care Group on promoting stronger communities which had been a positive and interesting meeting. Other boroughs had been impressed with the Lewisham Community Connections programme which works across health and social care helping patients and professionals find the service they require.
- ‘Your Voice Counts’ event which was held on 4 July was well attended and resulted in good positive group work discussions.
- Health and Wellbeing Board – Dr Abraham presented the Our Healthier South East London paper.
- Food Summit – this was an enthusiastic event with conversations held on subjects such as food growing and gardens in surgeries.

- King's Fund breakfast meeting – an inspiring meeting on mental health services with NHS England's National Clinical Director for Mental Health; Dr Geraldine Strathdee.
- Devolution in London had been discussed at the London Health Board which is chaired by the Mayor of London. It seems likely that would not have a major impact on the NHS in the medium term future.

Dr Rowland reported that the Governing Body had deferred its decision to establish the Committee in Common (CiC) for Strategic Decision Making and agreement of the Terms of Reference pending further information to be discussed at a Governing Body workshop on 11 June. At the workshop members agreed the following recommendations which had been proposed at the May meeting: which was set out in Chair's Action:

1. **Establish a committee of the Governing Body**, in common with the six CCGs in South East London and NHS England, for the purpose of strategic decision making, with particular reference to Our Healthier South East London, the joint commissioning strategy, or any successor strategy as agreed by the CCGs. The committee will be known as the Committee in Common for Strategic Decision Making.
2. **Approve the Terms of Reference** for the Committee in Common for Strategic Decision Making.
3. **Agree that Chair's Action** will be taken if required to approve any final changes to the establishment agreement as a result of comments from this or other Governing Bodies.
4. **To delegate commissioning decisions** in relation to matters falling within the remit of the South East London Committee in Common for Strategic Decision Making to the individual or individuals (each being a member or an employee of the CCG) who at that time are the CCG's representative members of the committee and attend a meeting at which a decision is to be taken and, in relation to a decision on which those representative members attending the meeting do not all agree, the decision shall be taken by the majority of the individuals representing the CCG and voting at the meeting.

Dr Rowland confirmed that at the Governing Body work shop following discussions assurance had been given that the three CiC members would represent the views of the Governing Body through delegated responsibility. Further work was required to determine the CCG's CiC members.

Ms Robbins endorsed that the event, 'your voice counts', on 4 July had been successful with good support from staff, Clinical Directors and Ms Ramsay for Healthwatch and thanked everyone involved.

The Governing Body NOTED the report.

LEW 15/78 Chief Officer's Report

Mr Wilkinson gave the report and highlighted the following:

- Our Healthier South East London (OHSEL) Programme; the Consolidated Strategy was a separate agenda item on today's Governing Body meeting. Mr Malcolm-Smith would be the CCG lead for the Equality Steering Group with the Governing Body lay member with responsibility for equalities to be re-engaged in the process.
- Joint Committee for Primary Care; the terms of reference were agreed along with the review of the proposed Operating Models, this would be discussed further at an item later on the Governing Body agenda.
- Adult Integrated Care Plan (AICP) refresh; commissioning and operating leads across health and care had been reviewing the scope and activity within each of the key work streams to develop a revised programme plan for 2015/16 which was underpinned by the Better Care Fund. The workstreams are prevention and early intervention, general practice and primary care, neighbourhood care networks and enhanced care and support.
- Surveys; there had been two surveys undertaken – Stakeholder and Staff from which action plans and lessons learned reports were being developed.

Mr Wilkinson reported that the Lewisham Integrated Medicines Optimisation Service (LIMOS) service had been nominated for four categories at the Health Service Journal National Patient Safety Awards. Mr Wilkinson was delighted to say that they had been highly commended for the Medicines Management Award and won the award for Long Term Conditions. All involved were congratulated. Business cases were now being developed to expand the service across care homes.

The Governing Body NOTED the report

LEW 15/79 Audit Committee Chair's Report

Mr Warburton explained that there was a written report on the meeting held on 26 May in the papers and a verbal report would be given from the meeting on 7 July.

At the 26 May meeting the draft Annual Report and Accounts had been received. Mr Warburton gave congratulations to all involved in the CCG in the production of the Annual Report; a lesson learned session would be held to pick up any issues from the preparation of the report. External Audit had said that the Annual Accounts were of a good standard. The Head of Internal Audit Opinion had been received which gave significant assurance with minor improvements.

Internal Audit had presented their Conflict of Interest report which had three recommendations which were all accepted by management.

At the 7 July meeting Mr Warburton reported that:

- The Committee discussed the appointment of an independent member, including the type of person required and their terms and conditions. Advertisements would be placed in NHS Jobs, local media and through other channels shortly.
- A deep dive was taken into the processes for assuring quality for Lewisham patients and public in the services commission. Overall, the Committee was pleased to hear that processes appeared to be working well. Queries were raised about the Board Assurance Framework (BAF) and value in independent audits of specific services was acknowledged. Further deep dives across all of the GB's corporate objectives would take place in the coming year.
- The terminology of risk management, in particular the terms 'risk universe', 'risk tolerance', and 'risk appetite' was discussed. It was agreed that it would be useful for the CCG's Risk Management Group to explore the relevance and usefulness of these terms, using worked healthcare examples, and to present results at a Governing Body meeting or workshop.
- The CCG's Internal Auditors presented a progress report of recent work. Planning and scope of reviews on procurement, workforce management and Better Care Fund governance had started. The Committee agreed that it made sense to put back the review on information governance to later in the year as the Information Governance toolkit for 2015/16 was not yet available, and the interim submission was not due until October 2015.
- External Auditors demonstrated that in 2014/15 they delivered well against the agreed KPIs. Their Annual Audit Letter for 2014/15 was provided which confirmed that the financial statements within the CCG's Annual Accounts gave a true and fair view of the CCG's financial position at 31 March 2015 and of net expenditure recorded by the CCG for the year. The External Auditors also confirmed that the CCG's expenditure was incurred as intended by Parliament, and that the CCG's arrangements for securing value for money are good.

- The Committee received a progress report from the CCG's Local Counter Fraud Service. The Committee was reminded that the LCFS had run a Fraud Awareness Training session for Governing Body members and CCG staff on 21 May. Work was progressing on the review of pre-employment checks undertaken by the agencies that supply interim staff to the CCG. Specific case work was also underway. By 31 July 2015, the CCG would be required to complete a Self-Review Tool (SRT) so that the CCG, with NHS Protect, can review its performance in tackling fraud, bribery and corruption against Standards for Commissioners issued by NHS Protect.
- There were no losses, special payments or waivers of SFIs to report.

Mr Warburton concluded that the Committee noted that the 7 July Audit Committee meeting was the last that Diana Robbins would attend. The Committee thanked Diana for all her helpful and insightful contributions to its work.

The Governing Body NOTED the report

LEW 15/80 Board Assurance Framework 2015/16

Mr Wilkinson introduced the report and explained that in future risks above 12 would be shown on the BAF with those with lower risk scores would go to the Delivery Committee or Strategy and Development Committee. There was an exception report regarding the RSS (Referral Support Service)/e-RS Service.

Mr Warburton agreed that the focus and escalation proposal was a sensible process which should assure that all risks would be looked at. He queried what would happen if a risk was under 12 but was rising as this would not be shown on the BAF. Mr Wilkinson assured that all rising issues would be discussed at the Risk Management Group (RMG) meeting. The issues around risk appetite and tolerance would be first discussed at RMG with a report to the Governing Body.

ACTION: Martin Wilkinson/Graham Hewett

It was agreed that the wording of the draft strategic risks would be looked at to ensure that they accurately reflect the ethos of CCG and its providers.

ACTION: Graham Hewett

Mr Wilkinson added that risk management is integral to the Internal Audit work plan and that there was also scrutiny from the Audit Committee.

Mr Whittington explained that e-Referral Service, which went live on 16 June, was the successor to Choose and Book and replaced one of the methods of making referrals to the RSS. Since the go live date there has been issues nationally which had compromised the effectiveness of the e-Referral service. One concern was that referrals could be linked to the wrong patient record. The proposal was to stop GPs using the e-RS and to direct referrals straight to RSS, via email or fax, which would ensure that referrals got to the RSS with the correct patient details and would eliminate possible clinical risk. A communication would be sent to GPs to this effect.

The Governing Body NOTED the Risk Management Report, ENDORSED that risks scored above 12 should be included in the BAF, ENDORSED that a wider range of risks would be present to the Delivery Committee or Strategy and Development Committee, APPROVED the BAF, NOTED the exception reports and NOTED the Corporate Risk Register

LEW 15/81 Delivery Committee Chair's Report

Mr Wilkinson gave the Chair's report from the Delivery Committee meetings of 28 May and 25 June 2015. The main issues discussed included:

- Quality Premium 2015/16 – two local measures chosen were an improvement in leg ulcer healing rate and improvement in the number of complaints resolved for the patients of Lewisham and Greenwich Trust (LGT).
 - Systems Resilience – Ms Alison Edgington had been appointed as interim Delivery Director across the three CCGs. The 95% A&E 4 hour target was above trajectory for Quarter 1.
 - NHS Constitutional Standards – recovery actions against the standards below target were discussed. LGT had indicated that the 18 week referral to treatment time standard would not be delivered without mitigation; this had been escalated to the Contract Management Board and would be discussed further at the Delivery Committee.
 - London Ambulance Service (LAS) – LAS had been invited to attend a future meeting of the Delivery Committee to discuss performance in Lewisham.
 - Public Health – there had been collaboration across the borough to identify council services that supported the delivery of public health outcomes. The top three prioritised services were leisure, children’s services, and homelessness contracts.
 - Collaborative Agreement between CCGs – this was being refreshed to reflect the governance arrangements for primary care and Our Healthier South East London. As the revised agreement would not be ready for the July Governing Body meeting it was proposed that the Delivery Committee would review it on behalf of the Governing Body and Chair’s action would be taken prior to the its September meeting.
- ACTION: Martin Wilkinson and Dr Marc Rowland**
- Information Management and Technology (IM&T) Steering Group – A work plan would be produced to prioritise current issues and longer term plans.

Mr Wilkinson added that the key risks included the temporary requirement on data suspension affecting reporting on referral to treatment times being agreed with NHS England for Kings College Hospital NHS Foundation Trust (Kings) from April – September 2015 and LGT from June – August 2015 because of the implementation of a new patient administration system. Mr Wilkinson assured that the agreed risk management arrangements in contracts would help manage any risks with providers of non-reporting.

The membership was concerned about discharge summaries not coming through because of the suspension of reporting. It was agreed that Mr Wilkinson would send a more detailed report to the Membership Forum explaining the situation.

ACTION: Martin Wilkinson

The Governing Body NOTED the report

LEW 15/82 Integrated Performance Report

Mr Wilkinson gave the report. The CCG was mainly on track against standards with the exception of cancer waits (62 days) with an amber status with performance slightly worse than trajectory. 18 weeks reporting requirements had been temporarily suspended for Kings and LGT as previously reported.

Due to NHSE’s decision to operate dual tariffs for acute contracts there were issues with activity reporting therefore the majority of expenditure shown at Month 2 was assumed at budgeted levels. Mr Hellier added that Sir Bruce Keogh, NHS Medical Director, has advised NHSE on future changes to the focus of 18 weeks and other reporting requirements, especially on A&E 4 hour standard. The focus would be on incomplete treatments (waiting lists).

Dr Abraham pointed out that the red performance level at SLaM in relation to the staff vacancy rate was also a concern in the acute trusts. Mr Wilkinson agreed and suggested work force and staff engagement as a deep dive at FLA&G.

ACTION: Dr Faruk Majid and Alison Browne

It was recognised across SE London staff skills and working in different ways needed to be developed and that this linked into the council's Sustainable Communities Strategy. Further work with providers also needed to be undertaken with the CCG planning strategically.

Ms Robbins asked why it was thought that the Friends and Family results had decreased at LGT and Kings, with Kings being the most concerning. A suggestion was that the Q4 A&E crisis had impacted on hospital staff's performance and morale.

Mr Warburton raised concerns regarding Adult Safeguarding training at Kings which had a red rating and the low rate at SLAM. Dr McLeod responded that FLaG monitored the training of staff and was using the CQRG (Clinical Quality Review Group) to understand the problems. Prof David added that she sat on the Southwark CQRG where these issues were being discussed; she would report back the outcome from that meeting.

ACTION: Prof Ami David

Mr Hellier, responding to a question, gave an explanation on the graph shown on cancer waiting times. The graph flagged an area if it was a consistent concern, such as 62 day wait. Mr Warburton asked for a key to be added to the graph for future reports.

ACTION: Mike Hellier

The Governing Body NOTED the quality dashboard from FLaG, NOTED the summary of performance exceptions which related to NHS Constitutional Standards and Top 8 indicators, NOTED the finance report for Month 2.

LEW 15/81 Annual Report and Accounts 2014/15 – final version

Mr Wilkinson said that the audited Annual Report and Accounts 2014/15 were approved by the Audit Committee on 26 May and submitted to NHSE on 28 May 2015. It confirmed that the CCG had achieved all its statutory financial duties and its planned surplus. The Accountable Officer confirmed that there had been no subsequent events after the accounting period that would materially affect the audited accounts.

The Annual Report and Accounts would be formally adopted at the Annual General Meeting on 30 September 2015.

The summary Strategic Report was made available at the meeting and was on the website.

The Governing Body RECEIVED the published Annual Report and Accounts 2014/15

LEW 15/82 Freedom of Information (FOI) Policy

Mr Wilkinson introduced the item. The policy covered the principles of the FOI Act and how the CCG would comply with its regulations.

Mr Hewett said that there were two amendments which needed to be made to the policy:

1. Section 2 delete the words "This policy will apply to all NHS Lewisham CCG staff."
2. Section 3.1.4 – the FOI Manager would supply reports to the Senior Management Team and not the *Head of Integrated Governance*

Ms Robbins said that it was a clear and comprehensive policy but that clarification was needed on how to make a judgement on the *vexatious/repeated requests* section. Mr Hewett clarified that the policy says that the Chief Officer, Corporate Director and FOI Lead would make the decision on whether a request was vexatious.

Regarding the section relating to the entitlement of making a charge for postage and photocopying, Mr Wilkinson explained that this was about the time it took to respond to some FOIs rather than

financial gain. The FOI Manager could help a requester reword their request in order to make it easier to respond.

Any charges made, and FOI requests declined, would be monitored in the quarterly FOI report by the SMT.

The Governing Body APPROVED the Freedom of Information Policy

LEW 15/83 Co-commissioning Primary Care Joint Committee – Terms of Reference and Operation Model

Mr Wilkinson presented the report. It was noted that Prof David (in the role of Registered Nurse) should be added to the 'Membership of the PCJC' listed on the cover report. The first meeting of the Lewisham Primary Care Joint Committee (PCJC) was held on 11 June 2015, which was chaired by Mr Warburton in the absence of Ms Robbins. Mr Wilkinson reported that it had been a good meeting alongside the five other SE London CCGs and NHSE where the Terms of Reference (TORs) for the PCJC and working arrangements between the CCGs and NHSE had been discussed. All papers for that meeting would be available on the CCG website. For information Mr Wilkinson pointed out the table which showed the former NHSE functions that would now be decided in the PCJC.

Mr Wilkinson indicated the chart which explained the governance arrangements for the PCJC, he highlighted that Dr McLeod and Ms Braithwaite, Commissioning Director, would be looking at a refresh of the membership of the Primary Care Development Group which was supported by workstreams.

The SEL Contractual Action Group was a new group which was led operationally by NHSE London through weekly contracting and performance management meetings.

Ms Robbins acknowledged that the Terms of Reference had been agreed but added that:

- Section 3 on Purpose, mentioned public sector but not public **engagement**.
- Regarding the role of the Lay Members – this shows that a Lay Member could not be Chair of the PCJC if they were Chair of the CCG Audit Committee – could this cause difficulty in the future?
- Would like further clarity on the voting process.

Mr Warburton confirmed that the first meeting of the JCPC was good and well attended. The co-ordinating Chair of the JCPC for the next six months would be Mr Greg Usher from Greenwich CCG, who as a Lay Member with responsibility for PPI would pay particular attention to public engagement.

Dr Ruta asked how the new arrangements differed from the previous role of the PCT. Mr Wilkinson explained that each PCT had been responsible for commissioning GP services. The CCG was working to a national profile working towards having delegated commissioning for primary care, the CCG was currently working in joint commissioning arrangements. NHSE continue to hold responsibility for GP performance and that the commissioning and contractual arrangements with primary care would come to the CCG along with community services from April 2016 if full delegation was requested by the CCG and members and agreed by NHSE. Performance of individual GPs would stay with NHSE.

The Governing Body NOTED the Terms of Reference for the Lewisham Primary Care Joint Committee and the Operating Models and arrangements in support of Primary Care Joint Committees in South East London

LEW 15/85 Questions in Relation to Agenda Items from Members of the Public

Q; Regarding the Committee in Common - would Lewisham residents be engaged before any decisions were made? Would there be assurance that Lewisham would not be influenced by others?

Dr Rowland responded that the CCG had the responsibility to do the best it could for the population of Lewisham and that there would be full engagement on any proposals made.

LEW 15/86 Strategy and Development – Chair’s Report

Dr Abraham gave the report and asked for any feedback on the format of the report. He highlighted the following:

- Further work to be undertaken following the Governing Body self-assessment
- Updates were taken from Public Engagement Group, Primary Care Development Group and Maternity Services Commissioning Group.
- Quality and variation in primary care was identified as an area for further reporting from the primary care development group and for further discussion in respect of the differential health outcomes between neighbourhoods.

It was agreed that all Chair’s report should follow the same format.

The Committee NOTED the report

LEW 15/87 Our Healthier South East London Consolidated Strategy

Dr Abraham gave the presentation on the ‘Our Healthier South East London Strategy’. He reported that the CCG along with the other five SE London CCG’s and NHSE in partnership with local authorities, local providers and other key stakeholders was working to develop a five-year strategy for health and integrated care services across south east London.

The presentation was circulated and would be filed on the website at www.lewishamccg.nhs.uk/about-us/Who-we-are/Pages/governing-body-papers.aspx

Dr Abraham highlighted the following:

- The strategy was being developed because health outcomes in south east London were not as good as they should be, the financial pressures were continually increasing and needs to reflect that it’s everyone’s NHS
- Over the next five years the aim is to achieve much better outcomes than now, including supporting people to be in control of their health and mental wellbeing and to ensure primary care services are consistently excellent with a focus on prevention providing a strong foundation in the communities.
- Engagement and communication was led by the CCGs via the Communications and Engagement Steering Group.
- A local neighbourhood care network would involve primary, community and social care working together to provide proactive patient centred care.
- IT needs to work across the system.
- £1.1bn was required to meet the protected shortfall by using better pathways and redesigning of services recognising that investment was required to make local care networks work.
- It would require a shift to more bed day places and beds in the community which could result in less acute beds.
- Halfway through phase II now – it would be a challenge to complete by December 2015.

Ms Robbins said that the Strategy was welcomed and was directly in line with Lewisham priorities and what patient had been saying about services nearer to home. She was in agreement with the direction of travel with the provisos 1) that the Governing Body had sight of the financials before

signing, 2) that the options appraisal methodology emphasised feasibility and the need to ensure that there were the right services locally; 3) public engagement which should cover three kinds, SEL Issues Paper, formal consultation and continuous engagement with local people.

Prof David said that issues around workforce needed to be enforced and should look at 'growing our own' staff as well as recruiting new. Need to work closely with the Health and Wellbeing Board especially in line with the impact on local authority.

Mr Warburton queried whether we are assured about the governance especially around the statement where *improvement can only be delivered by collective action*.

Dr Razzaque welcomed the trajectory and the integrated whole system model which was patient centred.

Dr Entwistle welcomed the sharing of the Lambeth CCG Governing Body conversation following their discussions on the strategy.

Ms Ramsay supported the direction of travel and enforced that continuous and targeted engagement was required and that staff needed to be engaged regarding training which could have positive impact on behaviours.

Mr Warburton asked for more emphasis on how health inequalities would be reduced.

Mr Wilkinson confirmed that the Clinical Strategy Committee (CSC) currently meets and considers matters within and beyond the SEL Strategy and Programme and makes recommendations to the Governing Body who are the decision makers. The CiC would replace the CSC on business specific to the programme in future as significant decision points go forward.

Mr Wilkinson summarised the comments made by the Governing Body members.

The Governing Body AGREED the following recommendations:

1. Approved the direction of travel set out in the consolidated strategy as the appropriate basis for progressing to implementation.

In providing this approval the Governing Body recognised the further work needed as noted in the following recommendations. The Governing Body also recognised that the strategy, going forward, should clearly articulate and distinguish between those interventions where collective action was required and those interventions delivered through local action or where there was value from working together to share best practice or approaches. In all cases, plans need to demonstrate the improvement to outcomes and experience for the population of Lewisham. As part of this, a measurable outcome for positive experience of care should be set. The Governing Body also noted the strong alignment with local strategic priorities and plans.

2. Commented on the further work it considered was required to develop and progress the strategy.

- Noted the first assessment of the financial, activity and outcomes impact of the strategy and the proposed interventions, and recognised further work and refinement was needed to test and amend the impacts further, acknowledging that work of Clinical Leadership Groups is ongoing as well as work with local providers.
- Sharing of techniques and approaches to promote self-management and interventions which support people in their lifestyle choices and behaviours working with local Health and Wellbeing Boards as well as other partners and the public.
- Commitment to broad and targeted public engagement on the developing strategy and its implementation making the continued case to ensure that local people get the right help at the right place and at the right time. Public engagement will also be held on the

options appraisal methodology, rationale and criteria for those interventions which may lead to significant service change and be subject to formal consultation, with agreement from Council's scrutiny processes.

- Supported further work and analysis on the potential impact on equalities from the strategy and how interventions are implemented could strengthen local work on the Public Sector Equality Duty and that further work is undertaken to provide a clearer articulation of the impact on health inequalities expected from the interventions going forward.
- Impact on Local Authority care services as a result of the strategy should continue to be built into the work of the programme, including public health preventative work, community development and social care services. It is also recognised that the financial challenges faced by Local Authorities is likely to have an impact on the deliverability of the whole system models of care, and this should be factored into our modelling of the financial, activity and outcomes strategic impacts as part of our further testing.

3. Reviewed and comment on the next steps for implementing the strategy.

- Agree that more detailed work is required on workforce development, retention and training as a critical enabler to support staff in the delivery of new models of care, enable them to promote to their patients preventative approaches, work across different settings and in ways that joins-up care for local people.
- Agree that more detailed work is needed on information management and technology as a critical enabler so that accessible data flows across the whole system connected together to inform and empower patients, carers and clinicians to facilitate the right care at the right time by the right person (including by the patient).
- Commitment to on-going clinical discussions between primary, community and secondary care clinicians and with local stakeholders, to support the implementation and further development of the strategy.
- Ensure that a balanced range of community based and hospital services are secured through the strategy, which are accessible to local people and their families/carers from all backgrounds, and deliver vibrant and effective local services, including on the Lewisham Hospital site, recognising that services may change over time as the strategy is further developed and implemented.

4. Noted that the consolidated strategy is a work in progress and will continue to be developed throughout the duration of the programme.

ACTION: Mr Wilkinson to firstly feed back to Our Healthier South East London Programme and to update the Governing Body at the September meeting.

LEW 15/88 Section 75 arrangements for Adult Social Care and Health, Public Health and the Better Care Fund

Ms Masters gave the report which set out the existing and new proposed arrangements in relation to the three agreements between the Council and the CCG under s75 of the National Health Act 2006. One of these is for a new s75 with the council which covers arrangements for joint commissioned services under the Better Care Fund, the other two are updates on existing arrangements for public health and joint commissioning of health and adult social care in the borough. She clarified the recommendations that the Governing Body are asked to note and approve; these are listed below.

The s75s would support joint working with Lewisham CCG and other partners to achieve better outcomes and co-ordinated care for Lewisham residents through alignment of health and social care services including mental health.

In a question raised by Prof David it was clarified that Health Visiting would become a council run service provided through a contract to the CCG from October 2015.

In response to a query by Mr Warburton, Dr Ruta said that savings had been identified from the 2015/16 public health budget that had been taken into account for the s75.

It was confirmed that the CCG was the contractual agent for the Public Health s75's with any risk sitting with the council.

The Governing Body NOTED the Chair's and Chief Officer's approval to the draft section 75 agreement for hosting joint commissioning of Adult Social Care and Health Services(including mental health) to improve governance arrangements for adult social care. The Governing Body NOTED the Chair's and Chief Officer's approval to the draft section 75 agreement for Public Health. This agreement delegates lead commissioning responsibility (i.e. contracting functions) to Lewisham Clinical Commissioning Group (CCG) for a defined set of services provided by Lewisham and Greenwich NHS Trust. The Governing Body AGREED to the Chief Officer, on behalf of the CCG, to enter into a new s75 partnership agreement, including a pooled fund, with the London Borough of Lewisham, which covers arrangements for services commissioned jointly under the Better Care Fund.

LEW 15/89 Potential Audit and Risk Management Issues

Mr Warburton said that the Audit Committee would review how well the revised approach to reporting risk (see Enclosure 6) was working later in the year.

LEW 15/90 Any Other Business

Dr Rowland said that Dr Ian Sturgess would be joining the CCG as Secondary Care Doctor on 27 July. Dr Seb Kalwij would be joining the CCG as a Clinical Director. Dr Rowland gave his thanks on behalf of the Governing Body to Dr Entwistle who would be leaving the Clinical Director role at the end of August 2015 for her extensive contribution to the CCG over the years, the Governing Body were sad to lose her as a valued member.

LEW 15/91 Questions from Members of the Public

Q: Regarding the five year forward plan; is there any detail on plans for NHS estates?

Mr Wilkinson responded that there was further work to be undertaken working alongside the council, hospital and SLaM to get an idea of the estate in Lewisham. We need to look at the hospital as a community resource and use more effectively.

Follow on Q: In the Planned Care Group it was felt that the public voice had been marginalised, the Patient and Public Action Group need to know more on what the assumptions are. It's hoped that the CCG doesn't give the 'thumbs up' to figures it doesn't agree with.

Dr Rowland responded that the CCG does have a record of challenging figures that it does not consider accurate.

LEW 15/92 Reports Taken for Information

The approved minutes from the following meetings were taken for information:

- Audit Committee (April 2015)
- Delivery Committee (April and May 2015)
- Strategy and Development Committee (April 2015)
- Health and Wellbeing Board (March 2015)
- Clinical Strategy Committee (May 2015)

LEW 15/93 Date of Next Meeting

The next meeting of the Governing Body would be held on Thursday 10 September 2015 at Civic Suite, Catford, SE6 4RU

DRAFT

Minute Reference	Action	Responsible Person	Timescale	Status/Comments
July 2015				
15/57	An update report on NHS 111 to come back to the meeting.	Diana Braithwaite	November 2015	Outstanding - A report to come back to the November meeting.
15/55	Further information on the time commitment for members of the Joint Committee for Primary Care Co-commissioning would be given when known.	Martin Wilkinson	TBC	Outstanding - To report back to the Governing Body when the time commitment is known.
15/60	A solution to the font size of the BAF to be considered.	Graham Hewett	Date to be confirmed – dependent on actions by ICT.	New risk management software has been purchased to support the risk management processes. This will enable greater flexibility in the way the BAF is printed and allow the use of a larger font.
15/80	Issues around risk appetite and tolerance would be discussed at the RMG with a report to the Governing Body. The wording of the draft strategic risks would be looked at to ensure that they accurately reflect the ethos of the CCG and its providers.	Martin Wilkinson/Graham Hewett Graham Hewett	To be confirmed. September 2015	It has been agreed that a GB workshop will be held to consider risk appetite. Work is underway to develop the CCG's strategic risks
15/81	Collaborative Agreement between CCGs – the Delivery Committee to review on behalf of the Governing Body and Chair's action to be taken before the September meeting.	Martin Wilkinson/Mr Marc Rowland	November 2015	Outstanding - Report to come in November
15/81	A report on the subject of discharge summaries not coming through because of the suspension of reporting would go to the Membership Forum.	Martin Wilkinson	For 9 September membership forum meeting	On the agenda for the September membership forum.
15/82	A workforce and staff engagement deep dive to be undertaken at FLA.G.	Dr Faruk Majid/Alison Browne	To be scheduled	Outstanding – to be scheduled

15/81	<p>A report from Southwark CQRG regarding staff training on Adult Safeguarding at Kings to come back to the meeting.</p> <p>A key to be added to graph on cancer waiting times for future reports.</p>	<p>Prof. Ami David</p> <p>Mike Hellier</p>	<p>September 2015</p> <p>August Delivery Committee/September Governing Body</p>	<p>To provide an update at the September meeting</p> <p>A revised format with axes and timing to be presented to the August Delivery Committee, which, if approved, will be presented to the September Governing Body.</p>
15/87	Our Healthier South East London Consolidated Strategy – Chief Officer to update the Governing Body at future meetings.	Martin Wilkinson	September 2015	Updates are given in the Chief Officer's report.
May 2015				
15/58	Detail of Primary Care budget to be circulated to members.	Tony Read	July 2015	Circulated – this will also in future be featured in the finance report to the Delivery Committee Outstanding - To be circulated week beginning 6 July
March 2015				
15/32	Quality arrangements within contracts to be made explicit through the Delivery Committee Chair's report.	Martin Wilkinson	August 2015 Delivery Committee September Governing Body meeting	<p>This is reported on in the Delivery Committee Chair's report</p> <p>Outstanding – An action request has been made to the SECSU to provide a report to the Delivery Committee, including an update on community services.</p>