

**Minutes of the Governing Body meeting held on
Tuesday 12 September 2017 3.00pm – 5.00pm
(Public)**

St Paul's Church, Hammersmith

Present

Name	Role	Organisation	Initials
Tim Spicer	Chair/GB Member	H&F CCG	TS
James Cavanagh	Vice Chair/GP Member	H&F CCG	JCa
Vanessa Andreae	Vice Chair/GB Member	H&F CCG	VA
Tony Willis	GP Member	H&F CCG	TW
Paul Skinner	GP Member	H&F CCG	PS
Andy Petros	Secondary Care Clinician	H&F CCG	AP
Pritpal Ruprai	Co-opted GP Member	H&F CCG	PR
Trish Longdon	Lay Member	H&F CCG	TL
Jane Wilmot	Lay Member	H&F CCG	JaW
Sena Shah	Practice Manager Member	H&F CCG	SS
Philip Young	Lay Member	H&F CCG	PY
Nick Martin	Lay Member	H&F CCG	NM
Clare Parker	Chief Officer	H&F CCG	CP
Keith Edmunds	Chief Financial Officer	H&F CCG	KE
Janet Cree	Managing Director	H&F CCG	JC
Ben Westmancott	Director of Compliance	H&F CCG	BW

In attendance

Name	Role	Organisation	Initials
Helen Poole	Deputy Managing Director	H&F CCG	HP
Sue Roostan	Deputy Managing Director	H&F CCG	SR
Mark Jarvis	Head of Governance & Engagement	H&F CCG	MJ
Sue Pascoe	Deputy Director of Quality and Safety	H&F CCG	SP
Bethany Golding	Communications and Engagement Manager	H&F CCG	BG

Apologies

Name	Role	Organisation
Mary Mullix	Director of Quality and Safety	H&F CCG
Jane Wilmot	Lay Member	H&F CCG

Minutes

Item	Agenda Item /Discussion	Actions
1.	Welcome, Introductions and Apologies	
1.1	TS welcomed everyone to the meeting.	
2.	Declarations of Interest	
2.1	There were no additional declarations other than those already declared and published.	
3.	Minutes of the Previous Meeting	
3.1	It was noted that VA appeared as both attending and having sent apologies. It was noted that VA had sent apologies and was absent. NM had also sent apologies. With those corrections the minutes were	

	approved.	
4.	Matters Arising	
4.1	There were no matters arising from the previous meetings.	
5.	Action Log	
5.1	Actions in the log were due to report to later meetings of the Governing Body.	
6.	Ratification of Chair's Action	
6.1	<p>TS advised the Governing Body that he had approved the extension to the community gynaecology service. The Governing Body ratified the decision.</p> <p>TS asked the Governing Body to formally note the decision taken at its meeting in private to delegate to the investment committee the arrangements for managing the contracts for integrated urgent care and the extended primary care contract. The Governing Body noted the decision.</p>	
7.	Report From the Chair	
7.1	TS thanked JCa and VA for their work as Vice Chairs during his recent period of absence. He said that he would provide a full Chair's report at the next meeting.	
8.	Chief Officer's Report	
8.1	<p>CP introduced her report. She highlighted the continuing work in respect of Grenfell, with specific reference to the establishment of the "screen and treat" programme. This was designed to spot signs of post-traumatic stress disorder at an early stage and would reach up to 23,000 people who have been identified as having a potential need.</p> <p>CP also highlighted the work being done across North West London on patient activation measures (PAM). She said that at the end of July 2,874 assessments had been completed bringing the total to 11,750. She said that a plan to extend the PAM assessment to carers was being introduced in Harrow.</p> <p>CP reported that since her last report the NHS England Investment Committee and the NHS Improvement Resources Committee had considered part one of the Strategic Outline Case for Shaping a Healthier Future. Both committees had confirmed support, subject to a number of conditions.</p> <p>CP advised the Governing Body that Ealing CCG would be considering the review of the transition of paediatric services in 2016 at its meeting later in the month. She said that the review had found that the changes occurred on time and safely and resulted in improvements to children's care throughout North West London. The review had highlighted the need for additional work to improve transfer times.</p> <p>The Governing Body noted the report.</p>	
9.	Managing Director's Report	
9.1	JC introduced her report. She highlighted the items that had been discussed at recent Primary Care Commissioning Committee meetings, namely reviewing and discussing the primary care budget, reviewing and	

	<p>developing the primary care strategy, updating the committee on the extended hours service and updating the committee on the Personal Medical Services review. She highlighted to Governing Body members the work that had been done to bring the management of personal health budget in house and the awards that have been won for diabetes transformational work across North West London, led by TW. JS advised the Governing Body that two stakeholder workshops had been held in respect of the changes to the referral criteria for the podiatry service and provided details on the new carers support service provided by Carers Network. She also advised that there had been a second primary care strategy workshop held in July with local residents to talk about the primary care strategy.</p> <p>JC advised the Governing Body that Helen Poole, Deputy Managing Director would be joining the Hammersmith and Fulham GP Federation on a six month secondment to undertake the role of Deputy Chief Executive.</p> <p>The Governing Body noted the report.</p>	
10.	Primary Care Strategy	
10.1	<p>HP introduced the strategy. She advised the Governing Body that the strategy had been co-produced with the Hammersmith and Fulham GP Federation. She provided the Governing Body with a background to the most recent changes in primary care, emphasising that more could be done and that the strategy provided the framework for further work. She said that the strategy provided a vision for better integrated primary and social care services which would deliver high quality care and improved health outcomes. She said that there would be a greater emphasis on self care and preventative care and a move from hospital to community settings into primary care, through primary care networks. She advised the Governing Body that the networks would enable practices and other services to collaborate more closely and deliver a consistent set of quality standards and outcomes for the whole population of Hammersmith and Fulham. She said that the strategy described how community and acute services would wrap around primary care as part of a process to developing accountable care system and outlined some of the benefits for patients and residents.</p> <p>HP emphasised the engagement that had been undertaken with local practices and residents through a series of meetings and patient focus groups. She said that some of the key themes to emerge were the need for simple language to be used in the strategy and that patient stories should be used to illustrate how patients would benefit from the changes. She said that a preliminary equalities impact assessment had been undertaken and that more would be done as the strategy was implemented.</p> <p>HP asked the Governing Body to approve the strategy and advised that once approved, it would be place onto the CCG's website.</p> <p>TL sought clarification on the primary care home concept as she was unclear about the criteria, especially with regard to geographical issues. She felt that it was important to make clear what the principles behind the</p>	

	<p>primary care home concept were, especially with regard to whether patients would need to make additional journeys to access services. She felt that the localities must be patient centred. HP said that a decision had been taken not to use primary care homes as a way of describing how practices would work together, rather they were going to be described as networks. The key principle was that they would be patient centred, allied to local geography and provide an opportunity for practices and providers to work better together. She said that there would be close alignment to the existing hubs which would enable other providers to “wrap” their services around the networks. The proposed population size of each network had been based on research done in other places.</p> <p>TL raised a further concern about the appropriateness of practices forming alliances that could result in patients having to travel in order to access services. PR said that it would be important to know which services would be provided across practices versus those that will be provided in every practice. JC stressed that from discussions that had taken place with GP practices there was an acceptance that geography was an important principle in order to ensure that there was good patient access and that providers were able to deliver services in the most efficient way. JC acknowledged that patients were not always geographically cohesive. However, there was agreement amongst the GP membership that getting the geography right was important. TW and AW supported this view. AW also highlighted the need to maintain existing relationships that worked well.</p> <p>CP welcomed the joint work with the GP Federation on developing the strategy. She asked what work had been done in respect of achieving common standards and outcomes. She felt that the local strategy needed to link back into an agreed set of North West London wide standards for primary care. HP acknowledged that the strategy was not explicit with regard to this. However, it was implicit in the work that had been done to develop the strategy. TS suggested that this needed to be more explicit in the strategy.</p> <p>TS said that the strategy was an improvement on the current arrangements and that the co-production approach had been very beneficial.</p> <p>The Governing Body approved the strategy.</p>	HP
11	Communication and Engagement Strategy	
11.1	<p>BG introduced the report. She highlighted that the strategy had been co-produced with a range of local stakeholders. She said that the content had been reviewed and amended in light of extensive feedback from stakeholders, including patients, GPs and Governing Body Members. She advised the Governing Body that the strategy set out goals for the period 2018-21 with the aim of maintaining and further developing the co-production approach.</p> <p>TL commented that Jane Wilmot had led much of the co-production work, working alongside BG. She said that it was an excellent strategy that had a lot of support from the local people who had been involved in putting it together. PY said that it was a good document and wondered whether it</p>	

	<p>was being picked up in other CCGs. BG confirmed that the template had been shared with all North West London CCGs.</p> <p>The Governing Body approved the strategy.</p>	
12.	Finance	
12.1	<p>CCG Month 4 Report</p> <p>KE introduced the report. He said that the CCG was reporting on plan however, he highlighted that there had been overspends within mental health contracts. All reserves and contingencies had been applied to achieve the balanced position. He said that the Hammersmith and Fulham position at month 4 was showing a likely net risk of £4.5m, largely driven by the QIPP target. He advised that specific actions were being taken to address the 2017/18 position which included a more robust validation of acute service contracting costs. These were being thoroughly scrutinised to ensure that they were accurate. In addition those spending commitments that had been made but where no expenditure had yet started would be reviewed.</p> <p>PY raised serious concerns about the overall position. He felt that there was a substantial risk that the year end position would not be achieved. He was concerned about the reliance on significant amounts of QIPP that were not due to deliver until year end, especially as some of the schemes had not yet been developed. He highlighted that there was a net risk across the CCGs of approximately £20m with no risk share in place to cover this shortfall. He suggested that the RAG ratings in the month 4 report should be changed to red rather than amber and sought confirmation that NHS England was aware of the overall financial year end forecast. PY also sought clarification of the contingency plans should the current levels of risk continue over the coming months.</p> <p>KE assured the Governing Body that NHS England was aware of the financial position. This was reported to them and discussed on a monthly basis. He also said that in terms of contingencies work would continue to challenge all acute contract cost increases and work was progressing to deliver the QIPP schemes. He acknowledged that the position was challenging and that it would require a significant amount of work to deliver the year end position. He agreed that the RAG rating should be changed to red.</p> <p>VA sought clarification on what level of QIPP we would have to carry forward in to next year if we ended the year with a deficit. She highlighted that achieving change could not always be done quickly as in many cases it required a change of clinical practice which took time to deliver. However, there was an expectation that savings would be achieved quickly despite this.</p> <p>KE said that the CCG was not allowed to carry forward a deficit. If the control total is not achieved then the expectation is that this will be factored into savings required in 2018/19.</p> <p>TL felt that it was incumbent on everyone to do all that they could to</p>	

	<p>achieve the year end position. She did not feel that it would be helpful to have changes imposed on the CCG externally. She felt it was correct to review spending commitments where no costs had yet been incurred.</p> <p>CP advised the Governing Body that the Executive Team were working hard to identify the actions that were needed to achieve the year end position. In order to provide assurance further work was needed to reduce costs. She said that in view of the challenge external support had been employed to assist with delivery.</p> <p>The Governing Body noted the report and the actions being taken to ensure the year end position is delivered. It was agreed that the Governing Body would receive reports at each meeting in public on the overall position and that the Governing Body would review the position during regular seminar sessions. The Governing Body noted that the joint Finance and Performance/Quality Committee meeting would be focussing on QIPP every other month.</p>	KE/SM
12.2	<p>Report from the Finance and Performance Committee</p> <p>JC introduced the report. She highlighted that the committee had recommended approval of the community gynaecology service contract extension, approved the Hammersmith and Fulham GP Forward View investment for 2017/18 noting that proposals had been reviewed by the Primary Care Commissioning Committee and the Investment Committee. She also highlighted that the Committee had approved the reduction in expenditure within the Limes dementia service.</p> <p>The Governing Body noted the report.</p>	
12.3	<p>NW London Financial Strategy – Budget 2017/18</p> <p>KE introduced the report. He advised the Governing Body that the proposed budget had been recommended by the Collaboration Board and had been reviewed by the Finance and Performance Committee which had supported the proposed 1% contribution, amounting to £2.65m. He said that since the budget had been prepared component parts had been reviewed. It was now felt that the support originally envisaged for the strategic outline case (SOC1) would not be required in this year in view of the extended timeline for this work.</p> <p>TL highlighted that the Finance and Performance had raised concerns about the proposal to set a further 0.5% aside and the inclusion of 1% for primary care “smoothing”. She asked for clarity on this. She also said that the Committee had been concerned about the lack of accountability on the Harrow CCG financial position. KE confirmed that the 0.5% was no longer part of the proposal. With regard to the primary care position he said that projections that had been done indicated that the primary care deficit position in other CCGs had now changed due to an improved budget position for those CCGs who were facing a deficit position. He said that the Harrow position would be reviewed regularly at the joint finance group.</p> <p>PY sought clarification as to whether the primary care situation was a recurrent issue. CP said that one of the requirements of taking delegation</p>	

	<p>was to ensure that the primary care budget was balanced across North West London. Therefore there needed to be a way of ensuring that there was a balanced position across the system.</p> <p>PY suggested that there were other ways of achieving this other than using a risk share approach. CP agreed that it would be possible to look at other methodologies as long as they allowed for primary care investment. TL suggested that there was also the need to ensure that fairness and equity were addressed in whatever approach might be used in the future.</p> <p>The Governing Body approved the proposals set out in the paper.</p>	
12.4	<p>Primary Care Budget</p> <p>JC introduced the paper. She said that the Primary Care Commissioning Committee had reviewed the proposed budget and were seeking the Governing Body's endorsement of the recommendation to approve the budget. She said that as the year progressed greater surety would be gained on how the budget was performing. She said that the Committee were aware of the risks relating to rents and rates and assured the Governing Body that an estimate had been included in the budget to cover the likely costs.</p> <p>PY sought clarification as to whether a full reconciliation with the 2016/17 expenditure/costs that needed to be claimed back from NHS England had been undertaken. JC confirmed that where liability rests with NHS England these issues were being addressed on a monthly basis. PY raised a concern that if not all the rent and rate reviews were completed by the year end it would be more difficult to ensure that NHS England honoured any costs associated with prior years. JC reiterated that there was a clear understanding that financial liabilities prior to taking delegation remained with NHS England. CP confirmed that there is an agreement between the CCG and NHS England to this affect. PY highlighted his concern that there may come a point when NHS England refuse to accept liabilities. CP accepted that this was a risk and that there needed to be clear mitigations put in place.</p> <p>The Governing Body endorsed the recommendation from the Primary Care Commissioning Committee to approve the budget.</p>	
13.	Integrated Performance Report	
13.1	<p>CCG Month 4 Integrated Report</p> <p>It was noted that the report is reviewed regularly at the joint Quality and Finance & Performance Committee meeting.</p> <p>The Governing Body noted the report.</p>	
13.2	<p>Report from the Quality, Patient Safety and Risk Committee</p> <p>The Governing Body noted the report.</p>	
13.3	<p>Report from the Joint Quality and Finance & Performance Committees</p> <p>VA highlighted the actions agreed as set out in paragraph 3.1 of the report.</p>	

	The Governing Body noted the report.	
13.4	<p>Business Plan Update</p> <p>JC introduced the report. She advised the Governing Body that the report represented the current position on the work programmes described in the business plan. It was agreed that a further review of the business plan should be undertaken to ensure that all areas of work were still priorities.</p> <p>The Governing Body noted the report.</p>	JC
14.	Board Assurance Framework	
14.1	<p>BW introduced the report. He advised the Governing Body that there were currently 17 risks that were RAG rated as red, with objective 6 being the highest risk - ensuring the system has the capacity and capability to deliver (workforce, OD, IT, primary care etc). He highlighted that the report now included CCG specific contributions which had been provided by JC. He said that going forward there needed to more explicitness about control dates and outcomes and that the assurance processes needed to be strengthened.</p> <p>VA and TL welcomed the revised format and the inclusion of the CCG commentary.</p> <p>The Governing Body noted the report.</p>	
15.	Collaboration Board Update	
15.1	The Governing Body noted the report.	
16.	North West London Partnership Guide August 2017	
16.1	<p>TL highlighted that there was no reference in the document to self care and that references to diabetics needed to be amended to diabetes.</p> <p>The Governing Body noted the report.</p>	
17.	Any Other Business	
17.1	<p>SR reported to the Governing Body that the dermatology contract award had been made to DMC. She reminded Governing Body members that this had been formally approved at the Governing Body meeting in private in September and now that the stand still period had passed the decision was being reported in public.</p> <p>The Governing Body reaffirmed its decision to award the contract to DMC.</p>	
18.	Questions From the Public	
18.1	<p>Question 1: Who made the decision to rate the finance report as amber?</p> <p>KE advised that this was a judgment of the Head of Finance. However, it had been acknowledged in the meeting that this should be changed to red.</p> <p>Question 2: Why is the CCG agreeing a primary care strategy for Hammersmith and Fulham rather than agreeing across North West London?</p> <p>CP agreed that there were occasions where greater collaboration across North West London was appropriate which would include the setting of</p>	

<p>outcomes and standards consistently. However, the delivery of these common standards needed to be undertaken at a local level. Changes in the way people work and deliver and access care should be undertaken locally.</p> <p>Question 3: Why has North West London STP not been awarded additional funding in line with other STP areas?</p> <p>CP confirmed that additional funding had been received, for example mental health, diabetes. She said that the capital business case had been approved by NHS England and NHS Improvement.</p> <p>Question 4: Is there data showing the use of extended hours services?</p> <p>JC said that the Primary Care Committee received reports on activity. She advised that extended hours services were provided from the three hubs during the week and weekends and that 20 practices also offered extended hours. The hubs ensured that there was population coverage, offering planned and urgent appointments.</p> <p>Question 5: Will the previous Prime Minister's Challenge Fund pilot continue?</p> <p>CP said that this had been adopted as government policy. She said that it was being provided as a permanent service which patients were being encouraged to use.</p> <p>Question 6: Does the Governing Body have any comments to make on the services currently being advertised to the public?</p> <p>CP said that the CCG did not commission any of these services. She said that there were NHS pilots in place to test digital access to services. TS said that these types of services are likely to be used more by younger people who were looking to access services differently.</p>	
---	--