

**Minutes of the Governing Body meeting in public held on Tuesday 26 September
2017, 1.30-3.00pm**

St Paul's Church, Hammersmith

Present

Name	Role	Organisation	Initials
Dr Tim Spicer	GP member, CCG Chair	H&F CCG	TS
Vanessa Andreae	Co-Vice Chair	H&F CCG	VA
Dr James Cavanagh	Vice Chair/ GP Member	H&F CCG	JCa
Janet Cree	Managing Director	H&F CCG	JC
Keith Edmunds	Chief Financial Officer	H&F CCG	KE
Cynthia Folarin	Public Health representative		CF
Trish Longdon	Lay member	H&F CCG	TL
Nick Martin	Lay member	H&F CCG	NM
Mary Mullix	Director of Quality and Safety	H&F CCG	MM
Clare Parker	Chief Officer	H&F CCG	CP
Dr Andy Petros	Secondary Care Consultant		AP
Dr Pritipal Ruprai	Co-opted GP member	H&F CCG	PR
Sena Shah	Practice Manager Member	H&F CCG	SS
Ben Westmancott	Director of Compliance	H&F CCG	BW
Dr Tony Willis	GP Member	H&F CCG	TW
Philip Young	Lay Member	H&F CCG	PY

In attendance

Name	Role	Organisation	Initials
Graham Terry	Head of Adult Care Services	London Borough of Hammersmith and Fulham	GT
Simon Carney	Head of Governance (minutes)	CWHHE CCGs	SC
Kerry Doyle	Head of Corporate Services (minutes)	West London CCG	KD
Margaret Kelly		Hammersmith & Fulham CCG	MK
Sue Roostan		Hammersmith & Fulham CCG	SR

Apologies

Name	Role	Organisation
Jane Wilmot	Lay Member	H&F CCG
Dr Amy Wilson	GP member	H&F CCG

Minutes

Item	Agenda Item /Discussion	Actions
1.	Welcome, Introductions and Apologies	
1.1	The Chair welcomed members, the public and attendees to the meeting. The apologies were noted as above.	
2.	Declarations of Interest	
2.1	The Governing Body was advised that the Chief Officer and Chief Financial Officer would have an interest in proposal six, with the Director of Compliance and Director of Nursing, Quality and Safety having an interest in proposal seven.	
3.	Developing Further collaborative working across the North West London CCGs	
	<p>The Chair introduced the item, and informed the meeting that the Governing Body was meeting to consider proposals for how the eight CCGs in North West London could work together more effectively to improve how services were commissioned for the population of North West London.</p> <p>It was noted that the proposals had been developed in response to feedback received via stakeholder interviews, surveys, workshops and discussions with Governing Body members.</p> <p>The Chair explained that it was a meeting in public, and that questions from the public would be taken at the end of the agenda.</p> <p>The proposals were presented by the Chief Officer.</p>	
3.1	<p><u>The Governing Body is asked to agree that there is a case for changing the commissioning arrangements</u></p> <ul style="list-style-type: none"> • CCGs wanted to reduce inequality and unwarranted variation; • There was a move across the eight CCGs to commission and develop services once, meaning that capacity could be used in a different way, including in relation to commissioning primary care; • The North West London Sustainability & Transformation Plan shared a financial control total, and working together would help CCGs to realise savings; • Collaborative working would enable CCGs to recruit and retain good staff and reduce bureaucracy; • Some specialities had more pathways in place now than when 	

	<p>CCGs were established, meaning that acute hospitals were working to a range of specifications, which had a negative impact on services and QIPP;</p> <ul style="list-style-type: none"> Local accountability and decision-making, including working with Local Authorities, were important. <p>The Governing Body discussed the proposals, and observed that Hammersmith & Fulham had a mobile population, meaning that consistency of services was important. It was noted that joint working would support consistency of services across North West London.</p> <p>The growing and aging population in North West London was considered, and the Governing Body agreed that resources must be used to best effect to keep up with demand.</p> <p>It was agreed that the CCG would benefit from maintaining local accountability and engagement with residents.</p> <p>Stakeholder engagement was discussed, and it was noted that CCGs would engage with stakeholders, but there was no statutory requirement to seek approval from other organisations as to how they made their internal organisational arrangements.</p> <p>The Governing Body agreed that there was a case for changing the commissioning arrangements.</p>	
<p>3.2 & 3.3</p>	<p><u>The Governing Body is asked to agree to work collaboratively and make joint decisions with the other CCGs in North West London as set out in section three of this paper</u></p> <p><u>The Governing Body is asked to agree that the recommended form for joint decision-making is a joint committee, accountable to the eight CCGs via the governing bodies, and to initiate the process of constitutional change with membership to allow the establishment of such a committee</u></p> <ul style="list-style-type: none"> CCGs already collaborated in commissioning services such as NHS 111 and Out of Hospital services; Decision-making design principles would ensure that there was no variation in accountability; Through more collaboration, CCGs could make better use of clinical leadership, and reduce the number of decision-making meetings they had to attend; Local accountability and links to member practices would be maintained. <p>The Governing Body discussed the proposed commissioning framework for decision-making. It was noted that primary care services, other than Out of Hospital services, would be commissioned locally.</p> <p>CCG representation was discussed, and the Governing Body noted that work would be undertaken to ensure input prior to decision-making. It was agreed that it was important to ensure that Governing Body members were involved in discussions, and that links to member practices</p>	

	<p>remained.</p> <p>Delegating responsibility to the proposed joint committee was considered, and the Governing Body was advised that the joint committee could remain accountable to Governing Bodies. It was confirmed that the design work would begin once the Governing Bodies had made their decisions and given feedback. The Governing Body was advised that the CCGs were continuing to take legal advice about the process. Governing Body members, particularly those who had worked in other sectors, were invited to give feedback of their experience of developing collaborative working and decision-making.</p> <p>The benefits of working at scale were discussed, and the recent work to develop Diabetes services was held as an example of this.</p> <p>It was suggested that joint decision-making would enable CCGs to have greater oversight of what was happening across North West London.</p> <p>Delegating responsibility to CCG representatives on the proposed joint committee was discussed, and the Governing Body was advised that representatives would have scope to negotiate. It was noted that testing this would be part of the organisational development work.</p> <p>It was observed that, while the report focussed on services, CCGs may benefit from focusing on outcomes and standards. The Governing Body acknowledged that Hammersmith & Fulham CCG was already moving in this direction, and would wish to continue in this way. It was noted that, under the proposals being discussed, CCGs would move to outcomes based commissioning for acute hospitals.</p> <p>New ways of working were considered, and it was suggested that North West London Joint Strategic Needs Assessments (JSNAs) and new ways of working with Public Health would support joint commissioning across CCGs.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed to work collaboratively and make joint decisions with the other CCGs in North West London as set out in section three of the paper; • Agreed that the recommended form for joint decision-making was a joint committee, accountable to the eight CCGs via the Governing Bodies, and to initiate the process of constitutional change with membership to allow the establishment of such a committee. 	
<p>3.4 & 3.5</p>	<p><u>The Governing Body is asked to comment on the emerging operating model of the proposed joint committee and to agree that it should have an independent chair</u></p> <p><u>The Governing Body is asked to acknowledge the implications a joint committee will have on the current operating model of the Governing Body and its sub-committees and agree to a two-month review, which will produce proposals in line with the design and decision-making principles</u></p> <ul style="list-style-type: none"> • In the recent survey, 77% voted in favour of an independent chair, with a review after twelve months; 	

	<ul style="list-style-type: none"> • The joint committee’s membership would have representation from each CCG; • A governance design group would be tasked with reviewing the potential impact on existing committees, and developing the new joint committee terms of reference. <p>Voting was discussed, and the Governing Body noted that it would expect approximately 75% of votes in favour for a decision to be made on the new joint committee. It was confirmed that most CCGs were considering two representatives on the proposed joint committee, which would also support continuity of representation and succession planning.</p> <p>The topics to be discussed under delegated commissioning were considered, and it was noted that this would be taken forward by the Governance Design Group.</p> <p>The Governing Body discussed the potential impact the changes would have on the organisation, and it was noted that minimising impact on staff was important. It was noted that Managing Directors were already working collaboratively, leading on work across CCGs in areas such as business planning and finances.</p> <p>Accountability was discussed, and it was confirmed that the proposed joint committee would meet in public.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Commented on the emerging operating model of the proposed joint committee and agreed that it should have an independent chair; • Acknowledged the implications a joint committee would have on the current operating model of the Governing Body and its sub-committees, and agreed to a two-month review, which would produce proposals in line with the design and decision-making principles. 	
<p>3.6 & 3.7</p>	<p><u>The Governing Body is asked to agree that there should be a shared Accountable Officer and a shared Chief Finance Officer appointed across all eight CCGs</u></p> <p><u>The Governing Body is asked to acknowledge the need to design a shared management structure in support of the shared Accountable Officer and agree to a two-month process, which will produce proposals in line with the design principles.</u></p> <ul style="list-style-type: none"> • 89% of survey respondents supported the appointment of a shared CCG Accountable Officer; • 84% supported the appointment of a shared Chief Financial Officer. <p>The Governing Body discussed management arrangements to support the proposed Chief Officer and Chief Financial Officer in discharging their responsibilities, and it was noted that an Organisational Design Group would be tasked with ensuring that the roles were workable.</p>	

	<p>It was requested that the transition to new ways of working had minimal impact on staff, and that assurances to staff were given. The Governing Body was advised that the Chief Officer's recent staff briefing included assurance about minimising disruption to staff, and there were staff communications circulated.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> - Agreed that there should be a shared Accountable Officer and a shared Chief Financial Officer appointed across all eight CCGs; - Acknowledged the need to design a shared management structure in support of the shared Accountable Officer and agreed to a two-month process, which would produce proposals in line with the design principles. 	
4.	Any other business	
4.1	The Chair announced that the CCG's former Vice Chair, Dr Susan McGoldrick, had died earlier that day. On behalf of the CCG, the Chair expressed his condolences, and paid tribute to her support for colleagues and her work for patients and Hammersmith & Fulham CCG.	
5.	Questions from the public	
	The Chair requested questions from the public, some of which (5.1-5.5) had been received in advance:	
5.1	<p>Q) Para 2.10 emphasises desirability of enhanced out of hospital care. Who will pay for this? Will the costs of OOH treatment be passed on to the individual patient rather than being borne by the NHS? In this matter, is the NHS principle of free treatment being undermined?</p> <p>A) The existing Out of Hospital services portfolio provides a range of services in general practice, and a number of care pathways, for example the Community Independence Service, are already delivered in the community. The costs are borne and will continue to be borne by the NHS, with resource moving into alternative care settings to provide care in the right place.</p>	
5.2	<p>Q) Para 2.18 mentions reduced emphasis on face-to-face delivery of services. Does this entail that patients will find it more difficult to see their doctor and how does the CCG envisage clear explanations to the public about the desirability of this change.</p> <p>A) CCGs have made significant increases in the provision of extended hours access across the borough in both general practices and hubs, available to all residents within the borough, and facilitated by access to shared data on the clinical system. Advances in technology are enabling the health service to offer alternatives to face to face care for those who do not require or wish to have a face to face appointment.</p>	
5.3	Q) Para 2.28 states that there will be no increases in capitation for 3 London Boroughs, rather that their allocations will remain flat relative to their demographic growth resulting in less cash per head. Given demographic growth, will this entail a deterioration of health delivery within Hammersmith and Fulham (and the other boroughs), further rationing of services and perhaps even longer waits for treatment. How might further	

	<p>collaborative work ameliorate this? What public consultation will be taken on this, how and when?</p> <p>A) Further collaborative work was expected to increase efficiency and effectiveness of decision-making, enabling decisions to be taken once for North West London, where appropriate. The work to see how CCGs could operate more collaboratively is at a very early stage of development.</p> <p>The proposals being put to the Governing Body today were simply seeking a commitment to the principles of more efficient collaboration where appropriate, and agree to the executive working up the practicalities of how it could work to bring back to Governing Bodies later in the year.</p> <p>There were no fundamental changes proposed to the clinical and local imperatives of decision-making and the proposal to move to a single Accountable Officer and Chief Financial Officer already fit with the constitutional parameters of Hammersmith & Fulham CCG. We will of course ensure we fulfil our duties to be open and transparent, as well as engage with all of our key stakeholders on issues that are relevant to them going forward.</p>	
5.4	<p>Q) We have major concerns about loss of democratic accountability and transparency in the proposals. A close reading of the paper seems to imply that the proposed Joint Committee will be accountable to the 8 individual CCGs (see para 4.7). Yet the comments in para 4.4 ('The joint committee can be set up with its own rules about membership and voting, and decisions made are binding on all members of the committee) give an independent and unaccountable structure to the Joint Committee.</p> <p>Further, the Joint Committee may or may not hold meetings in public. Either way, the meetings are sure to enable fewer public to attend even if they are open since many attending local CCGs would have long and expensive travel to get to such meetings. This is another loss of democratic accountability.</p> <p>Additionally, there is little in the paper about how the local bodies that are, in fact, democratically elected i.e. local authorities, seem to have no role to play in decision-making, despite the claims when STPs were introduced that these would be a partnership with local authorities.</p> <p>Democratic accountability is already in short supply with local CCGs and the STP. How might new collaborative arrangements improve this situation, given the points raised above?</p> <p>A) We will take into account the physical rotation of the joint committee. The proposed collaborative arrangements were expected to increase efficiency and effectiveness of decision-making. Accountability would remain as now, with agendas, papers and minutes published for those meetings held in public.</p>	
5.5	<p>Q) It appears that the meeting was going to be asked to approve a very fundamental move in terms of both decision making and delivery of health services here in west London. Although this appears to have been discussed by the governing body prior to the meeting, I am not aware of any public discussion of the need, advantages or disadvantages of the plan as described. Nor is there a balanced argument for the envisaged very fundamental change. I suggest that this change requires a public</p>	

	<p>consultation prior to seeking approval from the Governing body and that the proposed meeting be delayed whilst that consultation takes place. This objection does not rely upon acceptance or rejection of the planned changes but upon the ridiculously short notice that the public have been given to consider the issues and to make their concerns or approval known.</p> <p>A) The proposals being put to the Governing Body today were simply seeking a commitment to the principles of more efficient collaboration where it's appropriate and agree to the executive working up the practicalities of how it could work to bring back later in the year. There are no fundamental changes proposed to the clinical and local imperatives of decision-making and the proposal to move to a single Accountable Officer and Chief Financial Officer already fit with the constitutional parameters of the CCG. We will of course ensure we fulfil our duties to be open and transparent, as well as engage with all of our key stakeholders on issues that are relevant to them going forward.</p>	
5.6	<p>Local Authority input to the proposals was questioned.</p> <p>It was confirmed that there was Local Authority representation on the Governing Body, which had discussed the proposals, and had contributed to their development, prior to them being presented for decision that day.</p>	
5.7	<p>The process for challenging a decision, if it was thought that a CCG did not consult appropriately on a decision being made by the joint committee was queried.</p> <p>The meeting was advised that the operating procedure for the joint committee would ensure that appropriate local consultation was made where needed. It was confirmed that legal advice was being sought about this.</p>	
5.8	<p>Concerns were expressed that CCGs would be "pressured" into making decisions.</p> <p>Assurance that this would not happen was provided, and it was confirmed that there would be discussion with Local Authority partners prior to making a decision where relevant.</p>	
5.9	<p>It was suggested that, while the report indicated that the proposals did not relate to changes to services, the organisational changes were a public issue.</p> <p>It was confirmed that it was not an issue that required public consultation, as it related to internal arrangements.</p>	
5.10	<p>The Governing Body was asked to confirm if NHS England had expressed a view on the proposals.</p> <p>It was noted that other CCGs had organised themselves in a similar way, and that NHS England had not expressed a view about the proposals for joint working in North West London.</p>	
5.11	<p>It was requested that the legal advice the CCG received was published.</p> <p>It was confirmed that it was not usual practice to publish legal advice received.</p>	

5.12	<p>The Governing Body was asked if it could change the perception of the CCG's work, and it was suggested that the proposals were presented to a Local Authority Scrutiny Committee.</p> <p>The meeting was reminded that the proposals related to internal organisational arrangements, and therefore there was no obligation to consult externally on them. It was confirmed that the Governing Body made its decisions in public, and that members of the public regularly attended the meetings, and asked questions on the decisions being made.</p> <p>It was confirmed that engagement was one of the CCG's strengths, and that the CCG's Patient Reference Group would be involved in discussions about the proposals.</p>	
5.13	<p>The Governing Body was asked how residents and patients in Hammersmith & Fulham would be protected.</p> <p>It was confirmed that the existing risk share arrangements across CCGs allowed Hammersmith & Fulham CCG to achieve more than it could as a single organisation.</p>	
5.14	<p>Confirmation of the proposals' financial was requested.</p> <p>It was confirmed that a financial framework would be developed, and the costs would be the same, or less, than the current arrangements.</p>	
6.	Close	
	The Chair thanked members and the public for attending the meeting.	
7.	Date of next meeting	
	14 November 2017, St Paul's Church, Hammersmith	