

**Minutes of the Governing Body meeting held on
Tuesday 9th January 2018 - 3.00pm – 5.30pm
(Public)**

St Paul's Church, Hammersmith, Queen Caroline Street, W6 9PJ

Present

Name	Role	Organisation	Initials
Tim Spicer	Chair	H&F CCG	TS
James Cavanagh	Vice Chair/GP Member	H&F CCG	JCa
Vanessa Andreae	Vice Chair/Practice Nurse	H&F CCG	VA
Paul Skinner	GP Member	H&F CCG	PS
Amy Wilson	GP Member	H&F CCG	AW
Tony Wills	GP Member	H&F CCG	TW
Trish Longdon	Lay Member	H&F CCG	TL
Jane Wilmot	Lay Member	H&F CCG	JW
Philip Young	Lay Member	H&F CCG	PY
Sena Shah	Practice Manager Member	H&F CCG	SS
Pritpal Ruprai	Co-opted GP Member	H&F CCG	PR
Nick Martin	Lay member	H&F CCG	NM
Andy Petros	Secondary Care Clinician	H&F CCG	AP
Janet Cree	Managing Director	H&F CCG	JC
Clare Parker	Chief Officer	H&F CCG	CP
Shelley Martin	Deputising for Chief Financial Officer	H&F CCG	SM
Mary Mullix	Director of Quality and Safety	H&F CCG	MM
Ben Westmancott	Director of Compliance	H&F CCG	BW

In attendance

Name	Role	Organisation	Initials
Margaret Kelly	Business Support Manager	H&F CCG	MK

Apologies

Name	Role	Organisation
Neil Ferrelly	Chief Financial Officer	NWL CCGs
Mark Jarvis	Head of Governance and Engagement	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	The Management Team reported an additional declaration of interest for agenda item 10, the system change proposals and collaborative working across North West London CCGs.	

3.	Minutes of the Previous Meeting	
3.1	<p>The minutes of the meeting held on the 14th November were approved pending the following amendments:</p> <ul style="list-style-type: none"> • Amy Wilson be added to the attendance list • Note that James Cavanagh chaired the meeting <p>Section 14.2 – Birthing Unit at Imperial – TL advised that this item was escalated to the Governing Body as the committee wished to understand why there had been no adverse capacity issues during the closure of the birthing unit. Imperial had since explained that this was because birth rates were lower than expected during the period of closure.</p> <p>Section 10.1, 2nd paragraph – CP explained that modelling was in the context of how to plan for future services rather than in the context of this particular piece of work.</p> <p>Section 10.1, 3rd Paragraph – CP advised that she mentioned that Trust patient transport was being considered at a North West London (NWL) level, but that community transport remained with individual CCGs. However, patient transport could be deliberated at an NWL level, provided there was sufficient enthusiasm to do so.</p>	
4.	Matters Arising	
4.1	There were no matters arising from either of the previous meetings.	
5.	Action Log	
5.1	<p>Action 0521 – members were asked to note that Carole Lambe was the lead for the Tissue Viability Service. The governing body noted that an update on this action would come back to the March meeting, with six months data available for presentation after January 2018.</p> <p>Action 0760 – The Governing Body agreed to close this action as it was addressed.</p> <p>Action 0508 – The Governing Body noted that early findings from the Last Phase of Life would be shared with members at a future Governing Body meeting. TL sought clarification as to why it was taking such a long time to receive an outcome on the action. JC explained said that as there had been a delay in implementation this had in turn led to a delay in providing information. She said that findings would be shared with the Governing Body once they were available. TS said that the findings could be presented at a future Governing Body seminar CP said that her Chief Officer report provided and update on the service launch.</p>	
6.	Ratification of Chair's Action	
6.1	There were no items requiring ratification.	
7.	Report From the Chair	
7.1	TS provided a verbal update. He reported that the universal flu vaccine had moved into stage 2 trials for the first time. This meant that if the trials were successful the population could be immunised in a way that could be done for other diseases. Therefore, if the trials were successful it would	

	<p>provide people with a more permanent immunity despite flu changing.</p> <p>VA noted that the CCG had received communication from Public Health England on the recommended vaccines to be used and would be distributed to GP practices to choose.</p> <p>TS reported that he continued to sit on the London-wide E- Referrals Group and reminded members of the Governing Body that the whole of the NHS was moving to electronic referrals of outpatients. He explained that it was nationally mandated and would happen by the 20th September 2018, with local Trusts and other providers participating in the process.</p> <p>TS advised the Governing Body that in relation Delivery Area 3 of the STP he was involved with two pieces of work. The first related to a training and education programme for managers who deliver education in care and nursing homes, to allow them to support their workforce. The second related to technical support and solutions adopted to take tele-medicine support in care and nursing homes forward.</p> <p>The Governing Body noted the Chair's verbal update</p>	
8.	Chief Officer's Report	
8.1	<p>CP introduced her report and advised the Governing Body that, in preparation for the move to a more collaborative way of working, changes had been made to the senior management team. It was noted that Lizzie Boville had been appointed Director of Performance across NWL and that Neil Ferrelly had been appointed Chief Financial Officer across the NWL CCGs. CP thanked Keith Edmunds for all his work on behalf of CWHHE over the last few years.</p> <p>PY sought feedback on the BI procurement process. CP confirmed that feedback would be provided at a future date. She reminded Governing Body members the management function for this work had been delegated to a smaller procurement group. CP agreed to provide a further update in due course.</p> <p>JCa commented that in respect of current weekend access, activity had improved significantly over the last six months.</p> <p>JCa sought clarification on the timing of the online consultation platform. JC agreed to provide an update to a future members meeting.</p> <p>TL commented on area 4, mental health services and reference to local level inclusion through engagement but noted that there was no reference to service user engagement or patient involvement. CP clarified that through the Like- minded Strategy there continued to be strong patient and service user involvement. CP explained that the update related to a specific piece of work focused on what needed to be implemented. She said that it had been shared with the Programme Board which included representatives from Making a Difference alliance which ensured service user involvement.</p> <p>TL questioned whether, in respect of the impatient models of care the</p>	JC

	<p>10% reduction in length of stay for target patients had been achieved in Hammersmith and Fulham. CP said that it was her understanding that the 10% reduction had been achieved for Hammersmith and Fulham. She said that there has been a significant reduction in occupied bed days for the over 65 population but acknowledged that it would be useful to have a greater understanding of the data.</p> <p>The Governing Body noted the Chief Officer report.</p>	
9.	Managing Director's Report	
9.1	<p>JC presented her report. She highlighted that there had been a big focus on GP at Hand as part of the the Primary Care Commissioning Committee (PCCC) agenda. She said that the committee had agreed to work with NHS England to commission an independent evaluation of the service. She said that the LMC would be involved in helping to scope the specification for the evaluation.</p> <p>JC noted that the CCG had been awarded Achievement level of the London Healthy Workplace Charter. She said that the CCG had been commended for the level of support provided to new and existing staff and in respect of the health and wellbeing initiatives available.</p> <p>With regard to winter pressures JC said that there continued to be significant pressure on the system. However, she said that robust systems were in place and that the system had coped well. Performance at Imperial and Chelsea and Westminster Trusts had been maintained, and that performance over the festive period had been better than last year. JC highlighted that, from a performance perspective, Imperial were in the top third of Trusts in the country over that Christmas period which was very positive. JC acknowledged the hard work of all the teams across the CCG and partner agencies.</p> <p>As part of the winter resilience work JC said that commissioning staff were helping to facilitate patient discharge and reported that there had been a sustained flu vaccination programme</p> <p>The Governing Body noted the MD report.</p>	
10.	Proposals and Progress on Further Collaborative Working Across North West London CCGs	
10.1	<p>CP introduced the report. She reminded the Governing Body of the background to the work and the agreement reached at the Governing Body meeting in September 2017 to move towards a more collaborative way of working across North West London and to establish a Joint Committee with decision-making powers to support this and to have a single Accountable Officer and single Chief Financial Officer. CP advised that since the September meeting a lot of work had been undertaken focussing on governance, organisation design and the financial framework. She also said that the issues raised in September were being worked on through a number of working groups and seminar sessions. She said that good progress was being made to address the issues.</p> <p>CP asked the Governing Body to note that the approvals required were those set out in the cover sheet rather than those set out in the paper.</p>	

She said that Governing Bodies across North West London were being asked to approve the establishment of joint committee in shadow form in order that the issues raised previously at the Governing Body meeting in September in relation to CCG accountability and transparency of decision-making, could be worked through.

CP said that a number of discussions had taken place, in particular about the importance of maintaining strong leadership links and strong local accountability. She acknowledged that these had been highlighted specifically within Hammersmith and Fulham and reiterated that these would be addressed by the proposed joint committee in shadow form.

CP advised the Governing Body that, in order for the joint committee to be effective going forward, there would need to be changes to the way CCGs worked in addition to resolving the issues raised by the Governing Body in September.

CP highlighted the importance of organisational development, in particular the need to strengthen the current engagement arrangements as CCGs move towards joint decision-making. CP said that there was a working group focussing on this area.

CP emphasised that the joint committee would continue in shadow form until further recommendations were made to the Governing Bodies across North West London in respect of the outstanding issues having been addressed and that the operating arrangements for the committee were considered to be robust.

VA supported the proposed shadow working arrangements. She emphasised the importance of establishing an effective governance process. At the point Governing Bodies were asked to formally approved the joint committee she said that there needed to be a clearly articulated explanation of how the issues had been resolved and how the joint committee would undertake their role in an effective manner. and to clearly articulate to Governing Bodies what worked well and what did not.

PY commented that the remit and terms of reference for the joint committee were still being worked through and that they would therefore reflect resolution of the issues raised previously. He said that the committee would have to have a strong collaborative remit.

TL endorsed PY's comments on the collaborative remit and terms of reference. She acknowledged the good work that had taken place, in particular with respect to local accountability. TL highlighted the importance of ensuring that the work being done to develop Accountable Care locally was being addressed within the way the joint committee would function. She said that it was important that the joint committee worked in a way that was consistent with the direction of travel for Accountable Care.

TL raised concern with the job description for the Accountable Officer (AO) and questioned whether having 14 direct reports was achievable. TL

	<p>emphasised the importance of having the right job description for the role as CCGs move forward and suggested obtaining external advice on what a sensible structure might look like.</p> <p>TL stressed the independence of the Chair and Lay members and the significance around how to appoint and remove people from the Joint Committee to ensure independence was maintained. She felt that it was important to have an independent chair as soon as possible and to ensure leadership was retained to prevent long periods of uncertainty given the amount of difficult financial decisions to be taken in 2018/19. She said a clear project plan for the next phase of work was also needed.</p> <p>BW stated that in addition to a project plan strong project governance was required which would sit alongside and shape the overall project plan. TL felt that it was also important to share the learning and development from the issues raised with the Governing Body.</p> <p>JaW said she supported the further work on engagement with patients, Healthwatch and other key stakeholders.</p> <p>NM emphasised the importance of getting the financial framework right given the financial issues being faced by CCGs and potentially using scenario planning to determine how things might work. CP said that a lot of work had been undertaken on the financial framework and that this was continuing.</p> <p>In summary TS emphasised the importance of strengthening the wording used for the collaborative remit and terms of reference and the need to continue to work through the issues that had been highlighted by the Governing Bodies across North West London in September 2017.</p> <p>The Governing Body:</p> <ol style="list-style-type: none"> 1. Agreed the remit of collaboration as set out in Section 4 of the paper 2. Joint Committee: <ol style="list-style-type: none"> a) Agreed to establish a joint committee operating in shadow form with immediate effect, based on the terms of reference set out in annex A but without formal decision making powers; and b) Agreed that the joint committee will take on decision-making powers no earlier than 1 April, and subject to further agreement from the Governing Body at the appropriate time 3. Agreed that the shared functional roles that will report to the shared Accountable Officer (AO) (as outlined in Section 5 of the paper). 4. Noted the progress and to support the continuation of detailed design work (set out in Section 6) that is required in relation to: <ul style="list-style-type: none"> ▪ NW London Financial Framework ▪ Sub-Committee arrangements ▪ Collaboration Agreement ▪ Organisational Development 	
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	<ul style="list-style-type: none"> ▪ Organisational Design <p>5. Noted that the issues raised previously at the Governing Body meeting in September in relation to CCG accountability and transparency of decision-making will be reviewed by the Joint Committee during its shadow period.</p> <p>6. Noted notwithstanding the following caveats to be addressed during the transition period:</p> <ul style="list-style-type: none"> • To be more explicit about the collaboration remit, to strengthen the terms to reference and be stronger about our expectations and to test this during the transition period • To produce a comprehensive list of all issues raised during the process, to be shared with the Governing Body prior to the collaborative working arrangements go live, and in particular to focus on: <ul style="list-style-type: none"> - <i>accountable care development and integration and to ensure strategic proposals were consistent with the future direction of travel</i> - <i>To ensure external advice was sought on the proposed structures and job descriptions. To review the number of directors reporting to the Accountable Officer and whether it was achievable</i> - <i>How to appoint and remove people from the Joint Committee was important to ensure the independence of the chair and lay members was maintained</i> • To share the learning and development from the issues raised with the Governing Body • To have an independent chair during the transition period and ensure we maintain good leadership and prevent any long periods of uncertainty • To develop a project plan and establish project governance 	
11.	Finance	
11.1	<p>CCG Month 8 Report</p> <p>SM introduced the report. She reported that the CCG was reporting on plan for both year to date and for forecast out turn. However, she emphasised that this continued to rely on a significant level of non-recurring underspend, including £6.7 million of balance sheet flexibility to be able to achieve the forecast.</p> <p>SM reported that the position had a significant impact on the CCGs planning for 18/19 as the CCG was now forecasting an underlying deficit in the region of £4M. SM highlighted that some of the early impacts of GP at Hand were now coming through, both in terms of the financial position reported year to date and also in the CCGs assessment of risks. She said that the position would continue to be monitored.</p> <p>PY asked whether there was any indication of the M9 position. SM said that based on the draft M9 figures that the position had worsened in the region of £1M, largely attributed to the acute position across the CCG's</p>	

<p>two main contracts at Imperial and Chelsea and Westminster Trusts.</p> <p>PY asked what assurance the CCG had that it would achieve the 17/18 year-end control total. SM explained that the CCG would need to assess the risks, opportunities and additional areas where the CCG had the potential to mitigate the position through the balance sheet and to gauge the level of support available to the CCG through the CWHHE risk share.</p> <p>PY questioned whether the other CCGs in CWHHE had capacity to risk share; in particular given the deterioration in the M9 position at Hounslow CCG. He asked what assurance and governance process the CCG planned to follow over the remainder of the year to keep the figures under review. JC clarified that it would be easier to assess the position once the CCG had a more definite position around M9. JC said that the mechanism of review was through the F&P Committee and once the report was finalised the M9 position would be considered at a system wide level in order that the overall position could be reviewed and issues raised. JC said that following the M9 discussion an update would be provided on whether the CCG was on track to achieve the year-end control total, and how it planned to address any further deterioration in the position over the coming months.</p> <p>TL highlighted the costs associated with GP at Hand and the availability of funds to address the increase in GP registrations. SM explained that the CCG allocation was set for 18/19. However, there was likely to be further discussions on the list size increases in relation to GP at Hand. JC reiterated that the CCG 18/19 allocation was already agreed but it was too early to establish the GP at Hand position and make an accurate projection but that this had been raised as a risk. JC advised that a dashboard was being developed. The PCCC and F&P Committees would therefore monitor the impacts of GP at Hand. AW sought clarification on the other costs associated with GP at Hand and the additional cost pressures associated with repeat prescriptions. JC clarified that the significant other costs were being monitored and formed part of the emerging data set that the CCG was trying to capture and quantify, such as the transfer of patient records and smart card approvals.</p> <p>SM stated that list size data available up to December 17 was factored into the costs and global sum payments to GP practices and had increased the forecast to the end of the year based on these list sizes. SM said that the acute costs currently in the system associated with the new GP registrations at GP at Hand were being tracked, with acute activity available up to M7. SM said it allowed the CCG to capture specific activity relating to those patients newly registered at GP at Hand.</p> <p>TL said that she remained concerned about whether there was clarity on the additional costs associated with GP at Hand and what the level of impact there might be on the level of care provided to the existing registered patients given the new ways of working. TL felt that it was important for the CCG to communicate with NHSE on the financial impact of GP at Hand given the lack of funding available locally and potential for negative implications for the registered population of Hammersmith and</p>	
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	<p>Fulham. SM explained that the CCG was flagging early data when reporting the financial position to NHSE.</p> <p>JC confirmed that the concerns raised by the Governing Body were being flagged to NHSE and would be looked at as part of the evaluation of the GP at Hand service. She added that Keith Edmunds was having regular dialogue with the regional finance leads around the potential implications and that the regional and national briefings incorporated the potential system wide risks.</p> <p>AP asked for clarification on the number of new patients that had registered with GP at Hand. JC said there were approximately 1000 new registrations weekly, with roughly 16,000 patients registered in total at GP at Hand.</p> <p>NM confirmed that the risks associated with GP at Hand had been discussed at the F&P Committee and noted that these were being highlighted and discussed with NHSE. JC said that no assurance had been given by NHSE with regard to finding a resolution to the system financial implications of GP at Hand.</p> <p>SS commented on GP at Hand and the impact on out of hospital services and additional costs incurred with such a large number of patients that might also be receiving services through this funding stream. JC clarified that this formed part of the ongoing costs that the CCG would be monitoring.</p> <p>VA highlighted the under achievement on the QIPP position of approximately £4M (25%) and the impact this had, therefore. Had on the M8 position. She felt that this was disappointing however, acknowledged everyone's hard work to try and achieve effective change for the residents of Hammersmith and Fulham.</p> <p>In conclusion TS said that, notwithstanding the comments made about GP at Hand, the CCG was facing a serious financial situation. He reiterated that the Governing Body would require assurance that the CCG could achieve the year-end control total.</p> <p>TL emphasised the importance of being realistic about next year and not setting unrealistic targets that are not achievable given the large financial deficit being carried forward into 18/19.</p> <p>The Governing Body noted the report.</p>	
11.2	<p>S&T Month 7 Finance Report</p> <p>The Governing Body noted the report.</p>	
11.3	<p>Report from the Finance and Performance Committee</p> <p>NM reported that the committee had met twice since the last Governing Body meeting and summarised the key items discussed as set out in the paper. NM highlighted that the balance sheet gains and reserves used to meet current over performance would not be available in 2018/19. NM</p>	

	<p>noted that the underlying deficit position going into 18/19 was in the region of £4M and a QIPP savings target of approximately £15M (6%) to be achieved, which would prove very challenging. NM highlighted the importance of focusing on the 18/19 QIPP schemes and in particular the importance of having robust collaborative schemes, which in 2017/18 were under-performing.</p> <p>PY said in the S&T report it was unclear whether S&T had secured the £6M NHSE monies towards their overall costs. PY said he asked at the Hounslow Governing Body meeting what contingencies S&T had in place if the money was not secured. PY raised particular concern that in the event that the NHSE money was not available, that the CCGs might be approached for additional funding. PY noted the feedback received from CP was that the S&T figures were being worked on currently.</p> <p>TL requested an update on the CLCH transformation programme and QIPP progress and asked if the Trust had achieved the QIPP savings for 17/18. SM said that a paper was presented to the F&P Committee which detailed the QIPP achieved. VA said that the savings were £4M across the four CCGs. JC explained that the figures were revised in year following the re-provision of services and in year changes. JC said that progress with the transformation work and plans were set out in the review paper along with the savings for 17/18 and plans for 18/19.</p> <p>The Governing Body noted the report.</p>	
12.	Integrated Performance Report	
12.1	<p>Month 5 Integrated Performance Report</p> <p>The Governing Body noted the report.</p>	
12.2	<p>Report from the Quality, Patient Safety and Risk Committee</p> <p>VA provided a summary of the items of business discussed by the committee in the previous two months. She advised members that there were no areas of escalation to the Governing Body.</p> <p>The Governing Body noted the report.</p>	
12.3	<p>Report from the Joint Quality and Finance & Performance Committees</p> <p>VA provided a summary of the items of business discussed by the Joint Committee in November. She advised members that there were no areas of escalation to the Governing Body.</p> <p>The Governing Body noted the report.</p>	
13.	Board Assurance Framework (BAF)	

<p>13.1</p>	<p>BW introduced the report. He reported that the key changes related to risk areas 4.1 and 4.2 on the mental health programmes, which were rewritten and included in matters arising from the previous meeting.</p> <p>BW noted that the comments provided by JaW on risk 4.2 had been incorporated into the report; however, asked members of the Governing Body to review the risk further and clarify whether the current commentary reflected the views of the CCG; in particular, given the number of recent changes to the programme managers.</p> <p>BW drew attention to risk 6.1, which had changed considerably to capture all of the financial risks. He said that this was now separated out into 3 component parts - the financial risk for this current year for H&F, the system wide risk, and the future financial risk. BW explained that when the entries were written there was insufficient time to allow CCGs to provide their views. BW said this risk would need to be reviewed, in particular by F&P members to determine the Hammersmith and Fulham views, given the CCG's financial position.</p> <p>VA requested that risk 2.1 be amended to reflect that the GP Federation had signed off the Primary Care Strategy and the report was now published and available on the CCG public facing website.</p> <p>TL commented on risk 6.1 A, and sought clarification around why the risk score had reduced, given the lack of assurance currently available that the CCG would achieve the year-end control total. BW acknowledged that the H&F risk score should be greater than 12 in light of information presented earlier in the meeting. PY said the risk score should be significantly higher than 12 for all CCGs with the exception of 1 CCG. BW said The Governing Body's request for the risk score to be adjusted in light of the current financial position would be fed back to Neil Ferrelly.</p> <p>TL sought clarification as to why the risk score for 6.2 (workforce) had reduced. She said it felt counter intuitive given the number of imminent pressures the CCG was aware off going forward. BW clarified that the risk focused on how as a group of CCGs it organised itself to work together. He said that the risk score had reduced slightly to reflect the work undertaken on joint working. TL felt that given the level of uncertainty and risks around collaborative working the risk score should remain high.</p> <p>JC requested that for risk 5.1 be amended to reflect the recent changes at Imperial Trust.</p> <p>The Governing Body noted the report and agreed that the above risks needed to be revised for the next iteration of the report following governing body member feedback</p>	<p>All</p> <p>F&P members</p> <p>BW</p> <p>BW</p>
<p>14.</p>	<p>Collaboration Board Report</p>	
<p>14.1</p>	<p>The Governing Body noted the report.</p>	

15.	CWHHE CCG Detailed Scheme of Delegation	
15.1	<p>BW introduced the report. He said that in light of recent management changes and to create uniformity across the North West London CCGs changes were being considered to the detailed scheme of delegation. He asked that the Governing Body agree to delegate authority to the Audit Committee to review the Detailed Scheme of Delegation and to assess the differences.</p> <p>PY said he was cited on the first draft of the detailed scheme of delegation, and had sought assurance that there were no issues concerning the higher level of delegation in place within Brent, Harrow and Hillingdon CCGs. PY said that the purpose of reviewing current arrangements was to ensure a more streamlined process in all areas of delegated authority.</p> <p>The Governing Body approved the detailed scheme of delegation to the collaborative Audit Committee</p>	
16.	Health and Safety Six Month Report	
16.1	<p>BW presented the report. He advised members of the Governing Body that the plan was agreed at the start of the year and had requested that a mid-year update report be taken to Governing Bodies for assurance purposes. He highlighted that progress was being made in a number of areas and that specialist health and safety training for senior managers was being rolled out. He acknowledged that there had been a number of issues with the electronic staff record system which had prevented people undertaking their mandatory training but these had now largely been resolved.</p> <p>SS queried whether there were any instances where staff were based in fire cladded buildings. BW clarified that a review of all properties that CCG staff occupy was carried out, with no evidence of cladding.</p> <p>The Governing Body noted the Health and Safety month six report</p>	
17.	S&T Annual Report - 16/17	
17.1	The Governing Body noted the report.	
18.	Collaborative Board update	
18.1	The Governing Body noted the report.	
19.	Approved minutes of Local CCG Committees and Collaborative Investment Committee	
19.1	The governing body received and noted the approved meeting minutes.	
20.	Any Other Business	
20.1	<p>TS acknowledged that it was Shelley Martin's last Governing Body meeting, prior to going on maternity leave.</p> <p>TS thanked Shelley on behalf of the Governing Body and CCG staff for all her hard work to date over the past few years, and wished her good luck.</p>	
22.	Questions From the Public	

22.1	<p>Question 1 – It mentions in the paper that only Joint Committee members had the right to attend meetings, can you clarify whether it plans to hold meetings in public?</p> <p>CP responded that during the shadow period, meetings would be held in private whilst CCGs work through the detail. CP said that once the Joint Committee was formalised and no longer in shadow form, that decision-making would be held in public.</p> <p>Question 2 – Can the paper be re-drafted to make it clear that once the Joint Committee was no longer in shadow form that members of the public could attend?</p> <p>CP agreed that this would be made clearer.</p> <p>Question 3 – Will papers be available to members of the public five working days in advance of meetings?</p> <p>CP said that it was the intention to run the Joint Committee, once live, similar to the Governing Body meetings in terms of announcing meeting dates and publishing papers on the CCGs public facing websites.</p> <p>Question 4 – if the Joint Committee goes ahead, what responsibility would remain locally for the 8 CCGs?</p> <p>In response CP said that section 4 set out the remit of the Joint Committee, and the detail of what would remain for local discussion. CP said that the CCG was the Accountable Body, therefore would remain statutorily accountable for everything that was the responsibility of the CCG. CP said that the Governing Body would delegate responsibility for those elements set out within the remit section to the Joint Committee. CP emphasised that the Joint Committee would be required to report to Governing Bodies. CP stated that primary care commissioning responsibilities would not be delegated to the joint committee. CP added that community services and services jointly commissioned with the Local Authority such as elements of mental health, continuing healthcare and community services for children, would remain local to allow CCGs to increase and not decrease integration.</p> <p>TS reiterated that the Governing Body remained the Accountable Body.</p> <p>Questions 5 - The aim was to achieve equality across the 8 North West London CCGs. How do you achieve this if the proposals are being challenged by the 8 CCGs? Was the logical way forward to create one commissioning body across the 8 CCG areas?</p> <p>CP said that currently it was not proposing any form of merger of CCGs. She said that local accountability was very important. She said that mergers could be very distracting. The intention of the Joint Committee was to allow decisions to be made once and as part of the next phase of work would work up the detail of the collaboration agreement between the CCGs.</p>	
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CP said that the joint committee would make decisions on a consensus basis initially. Some scenario planning would be undertaken in order to work through how the best outcomes for achieving equity of access could be delivered.

Questions 6 – How long was the shadow period?

CP explained that the shadow period was at least three months. A review of the shadow arrangements would be undertaken after April to determine what still needed to be resolved before the committee could move to a formal status. A report would be made to the Governing Body in due course.

TS noted that the CCGs within North West London had a history of working together in various configurations since CCGs were established.

Question 7 – At what point in time would a review of the success or otherwise of the process be carried out?

CP explained that the first review of the shadow work would come back to the Governing Bodies to explain what was happening and on that basis would make a decision whether to move to decision-making through the Joint Committee. CP said it would expect that first review point to be within 3 to 6 months of formal establishment with further reviews scheduled at points in the future.

Question 8 - What consultation will take place with the public, patients and providers and had providers' views been obtained?

CP explained that there were no plans for formal consultation. The arrangements concerned how the CCGs worked and there was no requirement for such arrangements to be formally consulted on. CP explained that the CCG had been engaging with local residents through public patient groups in Hammersmith and Fulham CCG and had held conversations with the Local Authority and with other local providers. There was general support amongst providers for simplifying the commissioning process.

Question 9 – If this process is a success and you work collaboratively people will be questioning why should you continue with 8 separate CCGs?

TS said that this point would be considered if and when this position is reached.

Question 10 - What are the CCGs doing by adding in a further level of bureaucracy, which will be more costly for commissioners?

CP explained that the intention was not to increase costs. She said that the paper described the existing arrangements which were complex. Greater collaborative working was an opportunity to streamline current systems and processes. CP said that there should also be a reduction in

duplication and a better use of management resources.

Question 11 – Was it the intention that the pilot meetings will be in public as well as the meetings after April? Will a website be created for this project? Will there be a facility to advertise the meetings?

CP explained that the Joint Committee in shadow form would meet in private. CP said that it would use the shadow period to deliberate how it planned to work collaboratively and to work through some of the issues. CP said that once the Joint Committee goes live; all 8 CCGs would publish the details on their own public facing websites. CP said it was looking at ways to make meetings available by streaming them through the web; or through other technology platforms to allow people who cannot travel to the meetings to be able to still be able to follow the meetings.

Question 12 – there are two types of flu vaccinations this year, one going to GP practice and one to acute providers. What communication had been sent to GP practices?

VA explained that all providers of the flu vaccination are at liberty to choose which flu vaccine they purchase from a recommended supplier.

VA said that Public health England had distributed a document with a list of vaccines that they recommend for the different cohorts of patients. This year they were recommending two types of vaccines called the trivalent and quadrivalent. The quadrivalent vaccines offer protection against two types of flu A and two types of B. Trivalent vaccines provide protection against one type of flu B and two types of flu A. The World Health Organization (WHO) recommend that either vaccine could be used.

VA said that children in eligible groups should receive the quadrivalent vaccine, as these groups are the most likely to be affected by flu B and this will provide some indirect protection to other parts of the population as children often pass on flu to other members of their family.

TS said that at a very minimum that every vaccine had 3 strains.