

Item 3

**Minutes of the Governing Body meeting held on
 Tuesday 13 November 2018 3.00pm – 5.30pm
 (Public)
 St Paul’s Church, Hammersmith**

Present

Name	Role	Organisation	Initials
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
Pritpal Ruprai	GP Member	H&F CCG	PR
Vicki Cooney	GP Member	H&F CCG	VC
Smith Addala	GP Member	H&F CCG	SA
Katie Embleton	Elected Member	H&F CCG	KE
Andy Petros	Secondary Care Clinician	H&F CCG	AP
Trish Longdon	Lay Member	H&F CCG	TL
Jane Wilmot	Lay Member	H&F CCG	JW
Philip Young	Lay Member	H&F CCG	PY
Nick Martin	Lay Member	H&F CCG	NM
Mark Easton	Chief Officer	H&F CCG	ME
Neil Ferrelly	Chief Financial Officer	H&F CCG	NF
Diane Jones	Director of Quality and Safety	H&F CCG	DJ
Janet Cree	Managing Director	H&F CCG	JC
Ben Westmancott	Director of Compliance	H&F CCG	BW

In attendance

Name	Role	Organisation	Initials
Mark Jarvis	Head of Governance & Engagement	H&F CCG	MJ

Apologies

Name	Role	Organisation
Tim Spicer	Chair/GP Member	H&F CCG

Minutes

Item	Agenda Item /Discussion	Actions
1.	Welcome, Introductions and Apologies	
1.1	JCa 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	The minutes were approved as a correct record.	
4.	Matters Arising	
4.1	There were no matters arising from either of the previous meetings.	

5.	Action Log	
5.1	<p>Action 0521 Tissue Viability: Data issues continue and a report will be presented once these have been resolved. It was noted that CCG officers were still chasing this.</p> <p>Action 0840 Risk 102 financial delivery: Further consideration was being given to breaking this down although it was noted that an earlier suggestion had been made to create a single over-arching risk for financial recovery. Action closed.</p>	
6.	Ratification of Chair's Action	
6.1	<p>JCa advised the meeting that there were no actions requiring ratification. However, he sought the Governing Body's agreement to approve delegation to the Chair/Vice Chairs to approve the award of a contract for Any Qualified Provider for audiology. He reminded the Governing Body that, at the September meeting, approval was given to extend the current Any Qualified Provider contract for audiology services for three years and to invite potential new providers to join the contract. He advised the Governing Body that the procurement was being undertaken by Hammersmith and Fulham CCG on behalf of Central, West London, Hounslow and Ealing CCGs. JCa reported that the procurement outcome report would be presented to the Finance and Performance Committee on 18 December 2018. In order to authorise the contract award to ensure that any incoming providers were given sufficient time to mobilise the service Chair's action would be required in December, following a recommendation from the Finance and Performance Committee and in advance of the January Governing Body meeting in public.</p> <p>The Governing Body approved the delegation of the decision to the Vice Chairs, acting on behalf of the CCG Chair with advice from one of the lay members following a formal report from the Chair of the Finance and Performance Committee in December.</p>	
7.	Report From the Chair	
7.1	As the Chair was not present no report was presented.	
8.	Chief Officer's Report	
8.1	<p>ME introduced his report. He highlighted that this would be NF's last meeting as he would be retiring at the end of November. He advised the Governing Body that Paul Brown had been appointed as Chief Financial Officer. He also advised that Jo Olson had been appointed on a six month secondment to the post of Director of Commissioning and that Juliet Brown had been appointed as the STP Director. It was noted that Alan Wells had been appointed as the Chair of the Joint Committee.</p> <p>In respect of the STP, ME said that this was now being referred to as the Health and Care Partnership. He referred to a recent Kings Fund report on STPs which had highlighted a move away from bed modelling. He said that across NW London no acute bed reductions were being proposed. However, the way in which beds were used and located may change. ME advised that the 10 Year Plan was expected by the end of the year and that there was likely to be a significant emphasis on moving towards integrated</p>	

	<p>care systems.</p> <p>ME confirmed that following the agreement to ask the Joint Finance Committee to oversee the development of a financial recovery plan this was in train. He advised that winter plans had been submitted and that the shadow Quality and Performance Committee had met for the first time on 18 October 2018.</p> <p>TL welcomed the commitment to ensuring that there was continuing engagement with local residents. ME explained that the NW London Communications and Engagement team was working on the plans to deliver this. He said that should NW London be allocated the capital it had bid for to deliver the outer NW London plans communication and engagement activities would be further enhanced. JW stressed the importance of the NW London team working closely with the local CCG Communication and Engagement team.</p> <p>The Governing Body noted the report.</p>	
9.	Managing Director's Report	
9.1	<p>JC introduced the report. She highlighted that the CCG was actively involved in winter planning activities, working with partner organisations to ensure effective service delivery over the winter period. She said that the Governing Body had met with the Integrated Care Partnership Board in October. There was agreement for continued integrated working with a focus on those initiatives that would deliver the biggest system shift and improved service delivery for patients.</p> <p>JC reported that, on 8 November, the CCG had launched a pilot Patient Leadership and Coaching course targeting patients who were members of or who wanted to join their Patient Participation Group. The course had been co-produced with patient representatives. Almost 30 patients had attended and the feedback had been extremely positive. JC thanked Bethany Golding, Communications and Engagement Manager for delivering such a successful event.</p> <p>JC advised that the transfer of Continuing Health Care staff had taken place and that this had gone smoothly. She welcomed team members to the CCG and thanked Kim Hine for her management of the project.</p> <p>JC highlighted that the CCG would be holding an event on 26 November for GPs reviewing current digital system options that were available in order to further develop understanding and facilitate a move to the next stage of development. Work with patients would take place as this work developed.</p> <p>The Governing Body noted the report.</p>	
10.	NW London Collaborative Working - Constitution Update	
10.1	<p>BW introduced the paper. He advised the Governing Body that the CCG Membership had approved the revised constitution and that all other NW</p>	

	<p>London CCG Memberships had done likewise. He said that the constitutions for all NW London CCGs had been submitted to NHS England for their approval which was anticipated by the end of the month.</p> <p>BW confirmed that the Joint Finance Committee was now meeting. The focus was on the NW London recovery plan. He also said that the shadow Quality and Performance had its first meeting on 18 October.</p> <p>The Governing Body noted the agreement by the Membership of the revised constitution and the NHS England timeline for final approval.</p>	
11.	Finance	
11.1	CCG Month 6 Report	
	<p>OW presented the report. He advised the Governing Body that there had been no new financial pressures reported between month five and month six. He reported that at month six the year to date position was showing as break even with a worsening against plan of £0.5m. He said that although the forecast outturn was on plan this position included an in-year deficit of £5.1m. He advised the Governing Body that the forecast of a £0.4m surplus included £1.6m of repayable NWL support, £3.8m of historic drawdown and £12.6m of in year QIPP – with an increase of over £6m between the first and second halves of the year.</p> <p>OW highlighted key concerns in respect of</p> <ul style="list-style-type: none"> • all of the £4.6m of reserves had been utilised to offset pressures mainly related to QIPP non-delivery • that the underlying position of the CCG was a deficit ranging from c£10m to £15m depending on the delivery of future recurrent QIPP • the estimated £27m QIPP requirement for 2019/20 and implementation of a moratorium on investment cases which do not payback in year • the net risks/opportunities position was a risk position of £2.8m – even allowing for a stretch to financial recovery programme schemes of £4.2m • the likely outturn was in the region of a £6.5m deficit against plan (which assumed significant future non-recurrent QIPP delivery) • GP at Hand pressures were assumed fully mitigated, with a value of £4.7m YTD and £11.3m full year (versus a plan of £6.5m and £18m respectively) • cash utilisation was £3m above plan and may present a risk to the end of the year. <p>PY asked whether there were any significant changes coming through in the month seven figures and what level of assurance could be given that the GP at Hand position would be fully mitigated. OW confirmed that the month seven position was showing a small number of movements but no major change to the overall position. NF confirmed that discussions with NHS England at a London and national level were on-going with regard to GP at Hand. He said that he was confident that there would be a resolution.</p>	

	The Governing Body noted the report.	
11.2	<p>NW London Month 6 Report</p> <p>NF introduced the report. He advised the Governing Body that the year to date position was showing as £5m adverse. This was made up of £4.5m for Harrow and £0.5m for Hammersmith and Fulham CCGs. The forecast position was adverse by £7.7m. In respect of QIPP, NF reported that £41.4m had been delivered against a target of £53m. The year-end plan was for delivery of £128m with a forecast of £102m. He said that most CCGs were delivering between 75-80% of their QIPP targets. NF highlighted that across NW London there was contract over performance of £17.9m, with a significant level of that (£9m) attributable to out of sector providers. He said that there was a forecast risk of £33m as a result of contract challenges and QIPP no delivery. He highlighted that the most likely position for Hammersmith and Fulham was a variance of £3m against the agreed control total. He summarised the overall NW London underlying deficit as being £36m.</p> <p>TL sought clarification as to whether the requirement placed on the CCG to deliver a recovery plan was already included in the figures in the report. NF said that work was being done across the eight CCGs to scrutinise the QIPP plans together with the NW London schemes and that these were being reported consistently. He said that meetings had taken place with individual CCGs to assess the likelihood of delivery of the plans and to determine what support was needed to ensure delivery. ME confirmed that there was a single plan which incorporated the local and NW London plans.</p> <p>The Governing Body noted the report.</p>	
11.3	<p>Report from the Finance and Performance Committee</p> <p>The Governing Body noted the report.</p>	
11.4	<p>Financial Recovery Programme</p> <p>JC introduced the paper. She said that the paper set out the work being done on the CCG's financial recovery plan against the backdrop of a deterioration in the local and NW London financial position. She said that a programme had been developed to prevent further deterioration in the position for 2018/19. She said that there was a focus on understanding the reasons for overspends in certain areas and putting in place action to contain this. Areas where the CCG was an outlier in areas of spend were being reviewed as were areas of spend that were non-statutory. Contracts were being reviewed to ensure that value for money was being delivered. JC said that the Financial Recovery Programme Group was meeting weekly and reporting monthly to the Finance and Performance Committee.</p> <p>JC advised the Governing Body that the Finance and Performance Committee had reviewed a set of principles in relation to financial recovery and control of investment which the Governing was being asked to endorse.</p>	

	<p>It was noted that planning was also being done on the 2019/20 QIPP delivery plan which would require savings of approximately £27m.</p> <p>TL emphasised the importance of continuing to engage with local people on the financial challenges. She said that previous events had been challenging but helpful. JC confirmed that it was intended to undertake further events.</p> <p>The Governing Body noted the financial recovery plan and endorsed the financial recovery and control of investment principles.</p>	
11.5	<p>Delegation of Management of Excess Treatment Costs Function</p> <p>NF introduced the report. He said that it was proposed to delegate the management of the arrangements for excess treatment costs to West London CCG supported by a top slice from each CCG of approximately £10k. ME said that NHS England had introduced the changes outlined in the paper and that existing costs were already in budgets. TL highlighted that there were to be a cost pressure on the CCG as a result of these changes these would need to be assessed in line with the principles endorsed earlier in the meeting.</p> <p>The Governing Body approved delegation to West London CCG.</p>	
12.	Performance	
12.1	<p>Month 6 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>The Governing Body noted the report.</p>	
12.3	<p>Report from the Joint Quality and Finance & Performance Committees</p> <p>The Governing Body noted the report.</p>	
13.	Primary Care	
13.1	<p>TL introduced the report. She advised the Governing Body that it would receive a separate report from the committee at future meetings in line with reports from other committees of the Governing Body. She highlighted that the committee had discussed key GP at Hand related issues, primary care access, the primary care budget and the enhanced primary care contract. She reminded the Governing Body that the committee met in public and it was therefore open to members of the public to attend should they wish.</p> <p>JC thanked TL for her chairing of the committee which had been challenging over recent months.</p> <p>The Governing Body noted the report.</p>	
14.	Corporate Risk Register	
14.1	<p>MJ introduced the report which the Governing Body noted.</p>	

15.	Health and Care Partnership Report	
15.1	<p>ME introduced the report. He advised the Governing Body that the plan had been refreshed and now had seven key work streams and five enablers. He stressed that there was now a commitment to a strong resident voice and ensuring effective engagement. He said that the aim was to empower patients and that there would be lay representation on each of the work groups. He said that the new arrangements also provided for stronger Local Authority membership. He acknowledged that the provider group needed further work and social care commissioning representation.</p> <p>PY highlighted that he did not think that the governance arrangements for the plan were currently working effectively. He said that he did not feel assured about how things would work and how accountability back to Governing Bodies would be achieved. He raised concerns about how Governing Bodies would exercise control of the financial decisions. He felt that the governance arrangements would be further challenged once the 10 year plan had been issued. PY also highlighted potential conflict of interest issues within partnership working that he did not think the paper had adequately addressed. ME acknowledged that there was room for improvement. He said that Governing Bodies would need to sign off proposals that came from the system as a whole. He said that once the 10 year plan had been issued it would be necessary to relook at what arrangements were needed. In relation to conflicts of interest ME felt that there were some differences that needed to be taken in to account when working in partnership arrangements but recognised that these were important to get right.</p> <p>VC sought clarification as to whether palliative care was included in the workstreams. ME confirmed that this was included and was a good example of an area of work that spanned more than one area.</p> <p>JW asked how the Governing Body would know whether the arrangements were being effective and whether patients understood things. ME felt that it was probably sensible to be modest in the ambition of ensuring large cohorts of the local population understood the detail of the Health and Care Partnership. He said that there would be a small number of people who gave time to being involved. How these people were able to engage with the processes would be a key test of success.</p> <p>The Governing Body noted the report.</p>	
16.	Annual Safeguarding Report	
16.1	<p>DJ presented the report. She said that this was the annual report for 2017/18. She confirmed that the report had been discussed at the shadow Quality and Performance Committee which had provided assurance and was recommending approval of the report to the Governing Body.</p>	

	The Governing Body approved the report.	
17.	Shadow Joint Committee Report	
	<p>The Governing Body noted the report.</p> <p>TL sought clarification on the operational arrangement for the shadow Quality and Performance Committee. She was concerned that she did not feel that it was functioning in a way that took a NW London wide approach to quality issues and that consequently items still needed to be discussed at individual CCG quality committees. PY felt that there needed to be a further look at the arrangements as is also felt that the role of the NW London committee should be to reduce the need for duplication and thereby reduce the need for local meetings to take place as regularly as they do currently. DJ said that the local/NW London agenda items had been looked at and it had been concluded that local meetings were still needed because of the need to discuss those issues that were relevant to a specific local area. She confirmed that the NW London committee would be taking an overview of the quality aspects of contracting. She agreed that further work was needed to ensure that duplication was avoided.</p>	
18.	Any Other Business	
18.1	There were no items of any other business	
19.	Questions From the Public	
19.1	<p>Cllr Richardson asked for confirmation that the closure of the Pembridge inpatient palliative care unit was temporary and that recruitment to the vacant consultant post was being actively pursued. VA confirmed that Central London CCG, as lead commissioner for CLCH, was managing position on behalf of the CCGs. She confirmed that recruitment was still being pursued and that the unit would remain closed to inpatient services until an appointment had been made. JC confirmed that at the time of the closure there were no Hammersmith and Fulham residents in the unit. She said that , in general, Hammersmith and Fulham residents had historically chosen to use other units as well as Pembridge.</p>	