

Item: 18

Date	Tuesday, 15 January 2019
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Title of paper	Report from the Joint Committee 6 December 2018
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Presenter	Ben Westmancott, Director of Compliance, NW London Collaboration of CCGs		
Author/s	Alex Harris, Governance Officer		
Responsible Director	Ben Westmancott, Director of Compliance, NW London Collaboration of CCGs		
Clinical Lead	The clinical lead for each CCG is the GP chair.		
Confidential	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

The Governing Body is asked to:	
	Discuss the report from the Joint Committee and take assurances from that committee's work.

Summary of purpose and scope of report

The Joint Committee is a committee of all eight CCGs in the NW London Collaboration of CCGs. Following ratification of the new harmonised constitution by NHS England on 29 November, the December meeting of the Joint Committee was the first one under its full terms of reference as approved by the Governing Bodies.

Governance arrangements

The meeting was the first one in which the Independent Chair of the Committee, Alan Wells OBE FRSA presided. He began by noting that as NHS England had approved the harmonised constitutions of all eight NW London CCGs, the Committee was now officially out of shadow operations, and is a fully-fledged Joint Committee of the NW London CCGs' governing bodies, with decision-making powers in the following areas:

1. Matters relating to the strategic direction of the CCGs in line with the Health and Care Partnership.
2. Multi-borough commissioning plans in the best interests of the residents of NW London.
3. Matters relating to the strategic direction of the CCGs in line with the Health and Care Partnership.
4. Multi-borough commissioning plans in the best interests of the residents of NW London.

5. Services that cross borough boundaries, are delivered by providers to NHS organisations across multiple boroughs, and are best commissioned on a multi-borough basis such as secondary care, acute and mental health services.
6. The joint financial strategy.
7. Those which fall within the Committee's remit in accordance with the CCG governing documents.
8. The policies of the Planned Procedures with a Threshold team.

Voting would be by unanimous agreement of all present voting members. The Independent Chair, Alan Wells, began by outlining the importance of the Committee, and noted that its remit would be to agree actions, assure itself of its work programmes and take decisions. Furthermore, the time of the committee would be best spent encouraging questions and challenge, and therefore members and attendees responsible for items should keep their introductory presentations brief.

Report of the Accountable Officer

The NW London CCGs' Accountable Officer, Mark Easton, noted that the new NHS 10-year plan was anticipated before the winter break. There was an expectation that there would be a period of public engagement on the plan, and a report on the 10 year plan would be brought to the Committee next year. The report of the Accountable Officer was noted.

Winter Planning

The item was introduced by the Chief Nurse & Director of Quality, Diane Jones as an update from the earlier meeting of the Shadow Quality and Performance Committee, and the NW London Director of Performance, Lizzy Bovill, also answered questions from Committee members. Questions raised included those on integrated urgent care, signposting & communications for NW London residents, patient experience feedback, and funding. The Committee considered itself assured by the report. The Chief Nurse and Director of Quality also provided the Committee with a summary of the earlier Shadow Quality and Performance Committee meeting. A summary paper on the plans appears elsewhere on the agenda.

Health and Care Partnership Progress Update

The item was introduced by the Health and Care Partnership Director, Juliet Brown. In accordance with the actions from the September meeting of the Shadow Joint Committee, the report was focused on outcomes of the Health and Care Partnership team's work. Questions focused on Patient Activation Measures, Perinatal Health funding and online access to GPs. The next steps of the Partnership were noted.

NW London Board Assurance Framework

The Director of Compliance, NW London CCGs, Ben Westmancott, introduced the item. Questions were raised around the effectiveness of risk management, the Outpatient Transformation Programme and the Mental Health Workforce. The Committee considered the BAF as an accurate reflection of the principle risks to achieving the NW London CCGs' strategic objectives.

Collaboration Development Programme Update

Mark Easton noted that the structures had largely been put together and now the work going forward was fine-tuning of the programme. Healthwatch representatives noted the need for greater consideration of quality issues within this programme. Mark Easton stated that quality issues in the programme would be discussed at the next meeting of the Shadow Quality and Performance Committee, on 14 February.

M7 Financial Position & Financial Recovery Plan

The reports were introduced by the CFO, Paul Brown. It was noted that the most likely outcome was that the shared control total would be missed, however the CFO noted that it was still conceivable that it could be made. Much of the deficit related to Harrow CCG. The financial element of Quality, Innovation, Productivity and Prevention (QIPP) delivery was at 75%, and whilst this was a good figure, there was still more that could be done. The Committee considered itself assured on the M7 financial report and the financial recovery plan was ratified.

Month 8 financial reports appear elsewhere on the Governing Body agenda as does an assurance on the Financial Recovery Plan.

Planning for 2019-20 principles and operating model for NW London CCGs

The report was introduced by the Interim Director of Acute Commissioning. It was suggested that quality should be included as a more robust principle. The Committee supported the suggestions in the report and noted the next steps. A further update appears elsewhere on the agenda and will be supplemented by a verbal update on the 14 January submissions to NHS England.

Any other business

Lay members suggested that communications and engagement could be given more focus in future agendas. The Independent Chair also raised the suggestion of having some future meetings of the Committee taking the form of seminars.

Questions from the public

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Questions were raised around the remodelling operations for Shaping a Healthier Future, and the NW London estates strategy. A full account of the questions raised by members of the public will be circulated alongside the minutes of the meeting.

What are the benefits of this project?

The benefits of working in this way are highlighted at the top of the report. In essence, doing things once is more efficient than doing them eight times, as long as they are done in a way that enables each legal entity to demonstrably discharge its statutory duties.

Patient, staff and stakeholder engagement

Lay members and Healthwatch representatives are part of the Committee and the meetings are held in public. This includes a question and answer session at the end of each meeting.

Jargon buster

Abbreviations are explained in the text.

Quality & Safety

It was noted at the Joint Committee meeting that quality would feature more prominently at future Joint Committee meetings.

Equality analysis

None undertaken on this report.

Finance and resources

Financial considerations feature in individual reports,

Risk

The key risks lie in Finances and the financial recovery plan should help mitigate this.

Mitigating actions

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Supporting documents

No supporting document.

Conflict of interest

No conflicts of interests were identified.

Governance, reporting and engagement

Name	Date	Outcome and where in the report can you find out more
Joint Committee	6 December 2018	This is a summary report of that meeting highlighting where the GBs can draw assurance.