

**Notes of an Extra-ordinary Board meeting
held on 4th June 2014**

Present:	Nicola Jones (NJ)	CCG Chair
	Graham Mackenzie (GM)	Chief Officer
	Hardev Virdee (HV)	Chief Finance Officer
	Mike Lane (ML)	Wandle Joint LCG Clinical Lead
	Seth Rankin (SR)	Wandle Joint LCG Clinical Lead
	Peter Ilves (PI)	West Wandsworth LCG Clinical Lead
	Di Caulfeild-Stoker (DCS)	Registered Nurse
	Carol Varlaam (CV)	Associate Lay Member
	Tom Coffey (TC)	Board Advisor
	Andrew McMylor (AM)	Director of Development and Delivery
	Sandra Iskander (SI)	Director of Corporate Affairs, Performance and Quality

In attendance:
Sandra Allingham (SA) (Minutes)

14/049	<p>Apologies for Absence Received from Andrew Neil, Houda Al-Sharifi, Dawn Warwick, Rod Ewen, Stephen Hickey, Lucie Waters and Jamie Gillespie.</p>	
14/050	<p>Declarations of Interest None.</p>	
14/051	<p>Annual Accounts 2013/14 The first set of the CCG's Annual Accounts was presented for approval prior to submission on 6th June. It was noted that some changes were still in train. The Accounts had previously been presented to the Finance Resource Committee and Audit Committee.</p> <p>The following points from the report were highlighted:</p> <ul style="list-style-type: none"> • The three statutory duties identified at the start of the year had each been achieved. • A surplus of £7.4m had been achieved – this would put the CCG in a strong position going forward. • Internal Audit and External Audit stated that the numbers in the accounts were true and fair and demonstrated value for money. At this stage in the process, an Unqualified Audit Opinion was expected. • A log of issues had been raised from the Audit Committee, all of which had been resolved. • An issue had been raised regarding GP pension information held by the Pensions Agency – relevant information had been obtained and included in the Annual Report. The change regarding calculation of pensions and financial benefits of pension scheme had no financial impact on the final position. • Third party transactions had now been disclosed in a more transparent way as recommended to the External Auditors regarding Board member practices – there had been no bottom line change in the numbers. • Further work to tidy up money to be paid for invoices resulted in a net benefit of £8k. 	

	<p>A document was tabled setting out all of the changes to the accounts following publication of the meeting papers.</p> <p>A successful Head of Internal Audit Opinion had been received, providing overall significant assurance and generally sound system of internal control. It was acknowledged that this was a significant achievement.</p> <p>Finance Review 2013/14 – The document set into context how the position of an Unqualified Opinion was delivered, recognising a number of challenges in the year as highlighted in the report. All issues had been discussed through the Finance Resource Committee. Some issues had been resolved, however, some remained on-going and would continue into 2014/15 posing a risk going forward.</p> <p>The Integrated Single Environment still does not allow the CCG to perform at the highest level and remained a risk going forward. This issue has been raised at NHS England, but no response had yet been received. Internal and External Audit has provided assurance that systems were in place to mitigate that risk.</p> <p>The Board was asked to approve the Accounts to be signed and submitted and for any further change to be delegated to HV and GM for sign off.</p> <p>It was noted that the Audit Committee had considered the report on 27th May and accepted the report generally as presented. Some concerns had previously been raised but these had now been fully rectified. The Audit Committee was therefore fully satisfied.</p> <p>The Board approved the Annual Accounts for signing and submission on 6th June.</p> <p>The Board's thanks to the Finance team were noted for the significant effort to conclude the first CCG Accounts, particularly with the risks identified.</p>	
14/052	<p>Annual Report 2013/14</p> <p>The CCG was required to publish the Annual Report and Accounts as a single document. The structure of the report reflected the published guidance, and was required to be signed off by the Chief Officer for submission on Friday, 6th June. Some further changes had been made to the content of the report following publication of the meeting papers, which reflected the changes made regarding pension contributions.</p> <p>It was acknowledged that the format of the document was not user-friendly, but did reflect the requirement as stated in the guidance. The content of the document did not describe the main achievements or challenges of the CCG as an organisation. A summary document would be produced to reflect the highlights and taken to the Annual Meeting in September.</p> <p>The Annual Report was recommended to the Board to approve for submission, and for any subsequent changes to be signed off by GM.</p> <p>It was noted that the Audit Committee had considered the report in detail, particularly around the requirements, and was now satisfied that the Report meets the statutory requirements for the organisation. The Audit Committee looked forward to receiving the user-friendly summary version.</p> <p>GM noted that a number of statements within the Report required to be signed-off by the Chief Officer on behalf of the organisation. GM acknowledged that assurances had been received through the year on structures, systems and</p>	

	<p>processes in place which had formed the Internal Audit Opinion, including the development of the Board Assurance Framework, and controls of the organisation, for which substantial assurance had been received for both areas. With this assurance GM was happy to sign off the Annual Report.</p> <p>It was important to acknowledge the significant work and achievement of colleagues across the organisation to produce this Annual Report and Accounts and thanks were noted to all who had contributed to this work, and in particular to HV, YR and the Finance team, and SI.</p> <p>The Board approved the Annual Report for signing and submission.</p>	
<p>14/053</p>	<p>Open Space The following questions were received prior to the meeting:</p> <ol style="list-style-type: none"> 1. Can you confirm that Wandsworth CCG will receive the ‘lowest possible growth funding for 2014/15 and 2015/16’? <i>Response</i> – National guidance states that for 2014/15 and 2015/16 CCGs should be the lowest possible distance from target. Wandsworth is the furthest distance from target, therefore, receives the lowest level of growth – thereafter, plans will assume a minimum level of growth. 2. What is the latest on the Better Care Fund and what is the ‘large risk’ associated with its delivery in the borough? <i>Response</i> – The Better Care Fund will be a key priority and help with the integration of services. To make those plans work it is necessary to ensure that all participants, including main providers, will shift activity and re-align services into the community. If this does not happen the CCG would continue to pay for services in 2014.15. 3. The transfer of specialist services to NHS England was not cost neutral for Wandsworth CCG as promised. Is it the case that as a result of this transfer Wandsworth CCG will lose £731,000 pa for the foreseeable future? <i>Response</i> – Wandsworth allocation had been reduced by £731k on a recurrent basis as the amount deemed to support the cost of Specialised Services for Wandsworth patients. 4. What has happened to the LIFT scheme for St John’s Therapy Centre? Who is now responsible for the repayments? <i>Response</i> – The LIFT scheme and associated budgets transferred to NHS Property Services at the start of the financial year. NHS Property Services are the landlords and recharge the cost of the building back to the tenant – St John’s Therapy Centre. <p>Further questions received during the meeting were noted:</p> <ul style="list-style-type: none"> • With the financial risk across the country, how long would it be before the CCG was to seek further advice from NHS England and other departments, and how will patients be kept informed? <i>Response</i> – Wandsworth CCG manage the financial risk in a number of ways. Information on the financial risks and mitigating actions are always reported to 	

	<p>the Finance Resource Committee each month – these are cross-referenced to the Risk Register and Board Assurance Framework.</p> <p>With reference to the Better Care Fund, a lot of investment and resources are being put in to mitigate risk. The CCG was working with Local Authority colleagues to minimise and manage that risk, with a series of initiatives being phased through 2014/15 to manage transformational change.</p> <p>Each CCG faces the same financial risks and finance will always be a difficult area to manage. The CCG will continue to work with partners on how best to manage those risks.</p> <p>At the Board meeting on 11th June, a draft Strategy for South West London would be presented – this was a key part on how services across South West London could develop and change. The document would include more information on the financial strategy.</p> <ul style="list-style-type: none"> • Better Care Fund – Would it not be cheaper to treat patients in hospitals, where the facilities are resources required are based, rather than to treat patients in the community where specialists would be required to travel into? Would it not be cheaper to expand hospitals? <p><i>Response</i> – These points had been debated in the CCG and nationally and the evidence base was currently being created. It was important to make sure that people don't go into hospital unnecessarily and, where appropriate, to manage patients out of hospital. It was also important to make sure that hospitals provided good services and high quality care.</p> <p>It was important to make sure that the right care was provided at the early stage of a pathway, however, hospitals would always be needed. Getting proactive care as early as possible would enable better planned care.</p> <ul style="list-style-type: none"> • For all care to be provided in the community more finance would be required to provide the required resource. <p><i>Response</i> – The CCG would try to make sure through programmes such as Better Care Fund to use the financial resources differently.</p> <ul style="list-style-type: none"> • Timings of Board meetings – A request had previously been submitted for the CCG to reconsider the times of the Board meetings held in public to enable employed people to attend. <p><i>Response</i> – GM commented that the level of attendance at this Extra-ordinary meeting was not representative as attendance at the normal scheduled Board meetings was higher. This had been discussed with Healthwatch colleagues and it was considered that there would not be any particular benefit in changing the time of the meetings, however, this would be kept under review.</p> <p>There being no further business, the meeting closed at 10:40.</p>	
<p>Date of next meeting: 11th June 2014</p>		