

# Wandsworth Clinical Commissioning Group

## Notes of a meeting of the Clinical Commissioning Group held on 12<sup>th</sup> June 2013

<b>Present:</b>	Nicola Jones (NJ)	CCG Lead (Chair)
	Graham Mackenzie (GM)	Chief Officer
	Hardev Virdee (HV)	Chief Financial Officer
	Stephen Hickey (SH)	Lay Member Governance
	Jeremy Ambache (JA)	Lay Member Patient and Public Involvement
	Andrew Neil (AN)	Secondary Care Doctor
	Di Caulfeild-Stoker (DCS)	Registered Nurse
	Peter Ilves (PI)	West Wandsworth Locality Commissioning Group Lead
	Rod Ewen (RE)	Battersea Locality Commissioning Group Lead
	Mike Lane (ML)	Joint Wandle Locality Commissioning Group Lead
	Seth Rankin (SR)	Joint Wandle Locality Commissioning Group Lead
	Lucie Waters (LW)	Director of Commissioning and Planning
	James Olweny (JO)	Director of Corporate Affairs, Performance and Quality
	Andrew McMylor (AM)	Director of Delivery and Development
	Tom Coffey (TC)	Board Advisor
	Houda Al-Sharifi (HAS)	Director of Public Health
	Dawn Warwick (DW)	Director Wandsworth Adult Social Services

**In attendance:**

Jamie Gillespie (JG)	Healthwatch Wandsworth
Sandra Allingham (SA)	(Minutes)

13/063	<p><b>Welcome and Apologies for Absence</b> NJ welcomed the members of the public to the meeting.</p> <p>All members were present.</p>	
13/064	<p><b>Declarations of Interest</b> JA – amendment to previous declaration – Vice Chair Putney Labour Party RE – amendment to previous declaration to reflect practice being part of the Wandsworth GP Provider Group</p>	
13/065	<p><b>Minutes of the previous meetings held on 10<sup>th</sup> April and 8<sup>th</sup> May 2013</b> <u>10<sup>th</sup> April 2013</u> Attendees to include Andrew Neil and Di Caulfeild-Stoker</p> <p>13/040 – “... This specifically does not include the clinical record with the <b>text</b> written by the GP or others ....”</p> <p>13/046 Operating Plan 2013/14 – p.5, seventh bullet point – “... to go beyond the Expert Patients <b>Programme</b> and ...”</p> <p>13/048 St George’s Hospital Convergence – p.8, penultimate paragraph – “.... Consideration would be given to LA <b>and voluntary sector</b> services being made available ...”</p> <p>Subject to the above amendments, the Minutes were agreed as being an accurate record.</p>	

	<p><u>8<sup>th</sup> May 2013</u> 13/060 Questions – p.5, first paragraph – downsize to read <b>downside</b>.</p> <p>P.5, second bullet point, second paragraph – “Continued risk management would also be required <b>during</b> the implementation phase.”</p> <p>13/062 Summary of discussion – penultimate paragraph – downsize to read <b>downside</b>.</p> <p>Subject to the above amendments, the Minutes were agreed as being an accurate record.</p>	
13/066	<p><b>Matters Arising</b> <u>10<sup>th</sup> April 2013</u> 13/041 Information Governance Data Sharing Agreement – JO reported that all agreements had been suspended whilst awaiting national guidance.</p> <p>13/049 Acute Commissioning Unit – It was agreed that the report on Urgent Care Centre activity would be presented to the July meeting.</p> <p>13/054 Open Space – The request for Register of Interests and Glossary of Terms to be included with the meeting papers had been actioned and would continue to be included.</p> <p><u>8<sup>th</sup> May 2013</u> GM reported that the action to establish the Wandsworth CCG Sub-Committee regarding the Better Services Better Value (BSBV) programme had been taken forward with Terms of Reference having been agreed.</p> <p>The meeting in common of the seven CCGs involved in BSBV scheduled for 3<sup>rd</sup> June had not taken place as the assurances from NHS England (NHSE) on the business case had not yet been received. The rescheduled meeting date would be published on both the CCG and BSBV websites once confirmed.</p> <p>PI referred to the question which had been raised regarding Queen Mary’s Hospital (QMH). LW reported that this had been followed-up with the BSBV team and a statement would be included in the Pre-Consultation Business Case to explain the situation and highlight QMH as an existing example of a local hospital as described in the BSBV proposals.</p>	LW
13/067	<p><b>Chair’s Actions/Announcements</b> NJ stated that there were no specific items to report but wished to acknowledge the current pressures facing the NHS, particularly regarding Accident and Emergency (A&amp;E), Out of Hours and 111, and Walk-In Centres.</p> <p>The situation for Wandsworth was noted:</p> <p>A&amp;E – The performance at St George’s Hospital (SGH) had been good with performance targets being met except for one period over Easter where there had been some difficulties in meeting demand. SGH was not in a recovery position, however, the CCG would continue to work with the Trust to improve the position and to develop winter plans in preparation for next year.</p> <p>Walk-In Centre – The closure of the Tooting Walk-In Centre (WIC) had taken place in 2012 as part of the redesign of A&amp;E and the creation of a new urgent care centre at SGH. An item on Urgent Care had been scheduled for the July meeting,</p>	

	<p>which would include details on the development of an Urgent Care Board.</p>	
<p>13/068</p>	<p><b>Substance Misuse</b>  Members of the Substance Misuse Team were in attendance to present the report. The report outlined the progress made in a number of areas around development of relationships, screening, provider performance and protocols for reporting and investigation incidents.</p> <p>The Board discussed the content of the report. Comments and questions were noted around the following areas:</p> <ul style="list-style-type: none"> <li>• Effect and impact on carers, specifically on young carers.</li> <li>• Links with secondary care and follow-up arrangements following discharge.</li> <li>• Arrangements and relationships with other acute providers.</li> <li>• Plans for outreach clinics.</li> <li>• Involvement of users and carers.</li> <li>• Public education and preventative work, linking with the Council and Police.</li> <li>• Noted improvement in services, particularly regarding access and responsiveness, and communications.</li> <li>• Increased transparency around reporting of Incidents and Serious Incidents with detailed data to be available.</li> <li>• The financial resources for this programme was disproportionately higher, given the smaller number of patients but providing a greater impact – from a health and social care perspective was there potential for further maximising of resources.</li> <li>• Need to tighten systems to monitor quality and identify how this would be fed back.</li> <li>• Quality should be built into the contract to enable appropriate monitoring.</li> </ul> <p>It was noted that a detailed report on incident data was available.</p> <p>It was acknowledged that the commissioning for these services was a Public Health responsibility but services continue to be developed on a multi-agency basis. It was appropriate for the report to be presented in this forum to provide an up-date on progress and clinical engagement to contribute to this work.</p> <p>NJ acknowledged the hard work that had been done and the changes that had been made to the services.</p>	
<p>13/069</p>	<p><b>End of Life Care</b>  Members of the End of Life Care (EOLC) team were in attendance to present the report, outlining the background to the work, Coordinate My Care (CMC) records, engagement and progress to date. The EOLC workstream was complex as it involved several organisations working together to deliver seamless care for each patient.</p> <p>The Board discussed the content of the report with comments and questions noted around the following areas:</p> <ul style="list-style-type: none"> <li>• Coordinated Hub model should be incorporated into the redesign of community services.</li> <li>• Technology issues around the virtual hub and CMC would need to be resolved.</li> <li>• The relationship with mental health services</li> <li>• Provision for out of hours episodes, admissions to hospital, and timely access to services from secondary care.</li> <li>• Coverage of nursing homes.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Profile regarding place of death should reflect numbers rather than percentages.</li> <li>• Comparison of outcomes with other organisations.</li> <li>• Assurance that equality issues were identified and addressed.</li> <li>• Good community engagement – could there be opportunities for previous carers to share experiences. It was noted that it could be difficult to identify carers and that this may need to be described in a different way.</li> <li>• Bereavement counselling and hospice care identified as areas to be addressed.</li> <li>• Funding for Coordinate My Care would be the responsibility of CCGs from 2014/15 and opportunities to support the London programme for the future should be discussed with other CCGs – HV agreed to take the funding implications through the BIG process.</li> </ul> <p>NJ acknowledged the high level of work that had been done and summarised the main points from the discussion:</p> <ul style="list-style-type: none"> <li>• Support for the direction of travel.</li> <li>• The need to ensure strong links with other relevant workstreams</li> <li>• Carers and mental health services to be built in.</li> <li>• Early identification of users to hospice services.</li> <li>• CMC funding stream.</li> </ul>	<p><b>HV</b></p>
<p>13/070</p>	<p><b>Quality, Innovation, Prevention and Productivity (QIPP) Program – Patient Outcomes and Experiences</b></p> <p>The QIPP Manager was in attendance to present the report.</p> <p>The aim of the program was to improve quality while making savings to ensure sustainable funding of services. In 2012/13 Wandsworth PCT delivered £10.9m savings, which had been reinvested in services for 2013/14. The report focused on the quality outcomes and impact of the schemes on users and carers, the approach for 2013/14 and identified potential risks.</p> <p>The Board discussed the content of the report with comment and questions noted around the following areas:</p> <ul style="list-style-type: none"> <li>• Report contained high level information therefore the degree of detail was not identified.</li> <li>• Cost efficiencies around Continuing Health Care packages were achieved through review of appropriate placements for quality and cost with patients being moved through the system appropriately to reflect changing levels of need.</li> <li>• Assessment of Forensics placements.</li> <li>• List cleansing – it was noted that this was now the responsibility of NHSE.</li> <li>• Had the savings achieved in 2012/13 resulted in a trade-off in services? It was noted that the emphasis was to improve services in order to make savings and no services were discontinued last year.</li> <li>• Further level of detail to provide assurance regarding quality to be considered.</li> <li>• Savings may not be generated immediately for some schemes.</li> <li>• A strong investment rolling programme had been agreed for 2013/14, however, the level of resources for all organisations would decrease and have a knock-on impact therefore an intelligent approach to maximise resources was required.</li> </ul> <p>NJ acknowledged the work that had been done by the team and across the organisation to achieve the 2012/13 QIPP target.</p>	

13/071	<p><b>Delivery Group Proposal</b></p> <p>AM presented the paper, which set out the proposal for the establishment of the Delivery Group as the mechanism to oversee and monitor delivery of the goals and priorities set out in the CCG Operating plan for 2013/14.</p> <p>The Board considered the proposal with comments and questions noted around the following areas:</p> <ul style="list-style-type: none"> <li>• Good proposed approach.</li> <li>• Further work required to group key themes and how these would be managed.</li> <li>• Reporting from the Delivery Group would initially be through Management Team with exception reporting to the Board.</li> <li>• The Delivery Group would consider the best use of management resources, timings and impact.</li> </ul> <p>The Board approved the proposal.</p>	
13/072	<p><b>Board Assurance Framework</b></p> <p>JO presented the Board Assurance Framework (BAF), which was the process for the Board to identify the principle risks to the Corporate Objectives, providing information on actions taken, and to provide a level of assurance. The report provided information on the identified risks, and risks that had been removed or added. The BAF was presented in a revised format but remained a work-in-progress. Further work was also required on appropriate identification of risks to the agreed Corporate Objectives.</p> <p>The Board discussed the content of the report with comments and questions noted around the following areas:</p> <ul style="list-style-type: none"> <li>• Infection Control risk had been removed as appropriate services had now been commissioned from the South London Commissioning Support Unit.</li> <li>• Some risks were on-going and assessed how a risk was managed in-year, indicating probability and how this would be reduced.</li> <li>• Consideration of the next phase of transition and associated risks relating to additional transfer or delegation of functions from other organisations.</li> </ul> <p>NJ noted support for the basic framework of the report. It was agreed that the first revision of risks would be discussed at the Integrated Governance Committee.</p>	<b>JO</b>
13/073	<p><b>Executive Report</b></p> <p>The content of the report was noted.</p>	
13/074	<p><b>Finance Report</b></p> <p>HV presented the report, noting that the Wandsworth PCT annual accounts for 2012/13 had been submitted within the required timescale and no issues had been reported. HV acknowledged his thanks to the Finance team involved in producing the accounts during a time of significant transition pressure.</p> <p>The following comments and questions were noted:</p> <ul style="list-style-type: none"> <li>• Specialised Commissioning transfer of funding. It was noted that a letter had been sent to NHSE on behalf of SWL CCGs and a response received although it had not provided a high level of assurance. A letter had also been sent from Wandsworth CCG but a response had not been received to date.</li> </ul> <p>The content of the report was noted.</p>	

13/075	<p><b>Performance Report</b>          JO presented the report noting that there was a limited amount of information to report at this stage in the year. A more detailed paper on the proposed CCG Assurance Framework would be presented at the next meeting. Consideration would also be given on how performance against the Outcome Measures in the Operating Plan could be tracked and reported.</p> <p>The content of the report was noted.</p>	
13/076	<p><b>South West London Out of Hours Report</b>          AM presented the report noting that this was a SWL legacy document relating to the Croydon Out of Hours service provided by Harmoni, who also provided the Wandsworth Out of Hours service. No issues had been identified for the Wandsworth service.</p> <p>The content of the report was noted.</p>	
13/077	<p><b>Approved Minutes</b>          The following issue was noted regarding the 111 and Out of Hours quality concern highlighted in the Integrated Governance Committee minutes:</p> <ul style="list-style-type: none"> <li>• Benchmarking and process for monitoring contracts and outcome measures to provide assurance to patients and the public – It was noted that there was a detailed set of performance indicators around process and quality for these services that were fed through the Clinical Quality Review Group. A stakeholder and patient event was to be scheduled in the summer.</li> </ul> <p>The content of the Minutes were noted.</p>	
13/078	<p><b>Open Space</b>          NJ acknowledged the importance of this section of the meeting and the commitment to give priority to written questions received in advance of the meeting, however, an increasing number of questions were being received on a wide range of matters. The CCG would continue to prioritise questions received in advance on items included on the Agenda. Responses to questions on other matters would be subject to a response in writing.</p> <p>Questions were noted on the following areas:</p> <ul style="list-style-type: none"> <li>• Procurement – LW provided a summary response, noting that a full response would be made available in writing. Details of contracts would be published but these would only relate to CCG spend. The criteria used was generally 70% quality and 30% price, however, as joint commissioning with the Local Authority (LA) increases this may evolve to reflect the differences in the CCG and LA criteria.</li> </ul> <p>Freedom of Information (FOI) – The CCG had inherited a lot of contracts from the PCT, however, where procurement was undertaken in the future it would be made clear at the outset the intention to publish information under FOI and for any restrictions to be made clear at the outset.</p> <ul style="list-style-type: none"> <li>• Was it written into contracts that any surplus was returned to the CCG to ensure a level playing field? LW stated that the NHS model contract was used, which was not written to reflect surplus. A full written response would be provided.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Glossary of Terms to include an entry for Primary Care Support Services.</li> <li>• Did the CCG consider monitoring of patients at risk and how could this be monitored? NJ stated that the safety of patients and the quality of care was reflected through a broad group of actions by the CCG and was not one specific workstream. The CCG would endeavour to identify when discussions specifically around patients at risk were being held.</li> </ul> <p>NJ thanked everyone who had submitted questions and confirmed that written responses would be made available and also included with the papers for the next meeting.</p>	
13/079	<p><b>Any Other Urgent Business</b> None received.</p> <p>There being no further business the meeting closed at 12:40.</p>	
<p><b>Date of next meeting: 10<sup>th</sup> July 2013</b></p>		

Signed: .....

Date: .....

**ACTIONS**

Ref No.	Item	Lead	Timescale
13/066	Urgent Care Report – Paper to July Board meeting.	LW	July 2013
13/069	End of Life Care – Future funding implications for Coordinate My Care to be taken through BIG process	HV	
13/072	Board Assurance Framework – Revised risks to be reviewed at Integrated Governance Committee	JO	