NHS
Wandsworth
Clinical Commissioning Group

Notes of a meeting of the Board held on 10th July 2013

Present:	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

In attendance:

Jamie Gillespie (JG)	Healthwatch Wandsworth
Amanda Cranston(AC)	Public Health
Sandra Allingham (SA)	(Minutes)

13/080	**Welcome and Apologies for Absence** NJ welcomed all attendees to the meeting. Apologies were received from Dawn Warwick and Houda Al-Sharifi.	
13/081	**Declarations of Interest** PI – Consultant for Big White Wall (item 6.1 Mental Health)	
13/082	**Minutes of the previous meeting held on 12th June 2013** 13/066 Acute Commissioning Unit – "It was agreed that the report on Urgent Care would be presented to the July meeting." Subject to the above amendment, the Minutes were agreed as being an accurate record.	
13/083	**Matters Arising** 13/072 Board Assurance Framework – A definitive version of the Board Assurance Framework (BAF) would be presented to the September meeting. All other actions were noted as being completed.	
13/084	**Chair's Actions/Announcements** No items to report.	
13/085	**Referral Management Programme** The Clinical and Management leads for the programme were in attendance to	

	present the progress report on the programme, which had been initiated to improve the quality of GP referrals and patient pathways. This was a long term initiative with an emphasis on the quality of referrals and improving the patient pathway and experience. It was expected that the programme would result in efficiencies and financial savings as well as these clinical benefits. The report outlined the progress since the previous report in February, noting the success of the on-line advice service (Kinesis) for GPs. It was noted that the programme would take time to show sustained results and this work would link in with the long term plan to reduce referrals. The Board discussed the content of the report with comments and questions noted around the following areas: • Currently the costs exceeded savings and what assurance was there that this was value for money – It was acknowledged that, at the moment, savings for the main core elements were low, however, the success of Kinesis should have a positive impact in the near future with continued savings. The initial focus of the programme was on quality of referrals. • Had any financial modelling been done on future projections over the next five-years? Data from Kinesis growth over the year would be used to identify future projections – current performance had outstripped initial indications and it was anticipated that savings would be more than originally predicted. • A true value for money measure should be done through the Finance Resource Committee to include savings from other elements of the programme to provide more detailed information for the Board. • Would other specialities such as Mental Health and Social Care pathways be considered – some elements of Mental Health could be considered for possible future inclusion. • Patient feedback questionnaire – The questionnaire had been used in nine practices initially and this would be rolled out to all practices. • All of the interventions were evidenced based and it would be important to capture that in the evaluation to demonstrate how quality was being improved. • Out-patient attendance might increase if there was a shift in care (due to improved access). • Is it likely that the current levels of expenditure on GP education could be reduced in future years as the programme becomes established and learning is embedded? – It was noted that there could be some reduction but this would depend on the direction of travel of the programme, other specialities added, the rate of workforce turnover locally and the success of the initiatives. • Feedback from GPs in Wandsworth had been very positive. It was noted that the next steps for the programme included: • Looking at the programme strategically and to identify the strands that align with this work. • Clinical and financial evaluation. NJ thanked the team for the work that had been done so far to establish the programme.	
13/086	**Mental Health** The report provided information on the progress to date and plans for the future. It was noted that: • 23% of morbidity in Wandsworth was related to Mental Health (MH); and	

	• Mental Health issues covered all age ranges. TC, as Mental Health (MH) Clinical Lead and Chair of the Mental Health Clinical Reference Group (CRG), provided an outline of past, present and future MH issues in Wandsworth, and acknowledged the additional investment in MH services over the last few years by the PCT and CCG. Identified areas of work for the next twelve to eighteen months included: • Obtain a fuller understanding regarding the over and under-representation of black and ethnic minority people accessing specific services and identify changes that could be made to support prevention. • Undertake a review of the Talking Therapies Service to identify how access to services could be improved. • Develop proposals to enhance the involvement of service users and carers in co-production of all services. The Board discussed the content of the report, with comments and questions noted around the following areas: • JG provided a summary of comments received by Healthwatch from local people:– o consistent evidence and involvement required – consistency to deliver high quality services would be assessed through identified metrics with the aim for this to be embedded throughout the service; o more could be done to strengthen the patient voice; o potential for MH CRG papers to be made available on the website as a more open approach – this would be looked at across all CRGs; o review of the Partnership Agreement with Social Care should be more dynamic – this was one of the aims of the review; o workforce development and training to ensure right skills to provide appropriate services. It was noted that the Mental Health Trust was aware of these issues and, as part of the Foundation Trust (FT) application, was aiming to become an 'employer of choice' in order to attract the best applicants. • Was there assurance that the Local Authority (LA) was doing as much to improve services and what role does the LA have? – Joint commissioning was already established with the LA, which has seen an improvement in services. Further work was being done to identify additional areas for joint commissioning across health and social care with the shared objectives of securing quality services in a cost effective manner. • NHS England (NHSE) also holds a key role as the commissioner of specialist MH services. What assurance is there that a complete MH service is commissioned effectively across the agencies? It was noted that NHSE had currently not fully matured as a commissioning organisation. Local CCGs, through Kingston CCG as the lead commissioner, are leading work with NHSE to ensure the provision of a full range of MH services in South West London. • What was being done around prevention and promotion of wellbeing? - A review of models of care within primary care would be done as part of the programme, there were also a number of Public Health workstreams in place. • Peri-natal MH services – Currently there was a lack of clarity regarding how the services at South West London and St George's (SWLStG) and Chelsea and Westminster (C&W) Trusts operate. A review of services had been initiated and the recommendations from that review would be used to develop proposals for this service. • What progress had been made around active engagement of community leads and how would this be taken forward? – Some progress had been made but	**GM**

	further work was still required as part of a three to five-year programme to transform and run the service. NJ reported that a written question had been received and also invited questions from members of the public in attendance. • Could MH data be provided by ward as well as borough-wide? - It was agreed that a full written response would be provided, however, it was noted that raw data had been provided by ward in the Mental Health Needs Assessment in 2009, which indicated a link to deprivation. There was no recent data available but work to look at this by ward could be done. • Carer involvement in this work was very good but how could this commitment to involve carers be extended to all other specialities? – The Mental Health Trust (MHT) was now accepting the value of carer involvement and it was hoped that this could also be extended to other Trusts and periphery services. • It was sometimes unclear which services a patient should be referred to and clarity about this would help improve care and prevent patients being passed around.before reaching the right service – Work was to be done to update the MH directory and identify available on-line support. A key element of the new Children and Adolescent Mental Health Service (CAMHS) model was to eliminate service users being passed between services. • On community partnership and co-production. The work and conversations over the years have resulted in noticeable differences, however, there was not a full understanding in the public sector of how communities work – putting communities at the centre of MH would be a strong step forward and provide real opportunities to make the service more intelligent. • What system was in place for someone who knows a person with a MH issue, in need of help but unable to seek it for themself? It was noted that, if an individual has sufficient mental capacity, that individual has the right to make a decision and act upon it; if an individual has reduced mental capacity, the GP can intervene and make an assessment. Community groups could be a vehicle to steer patients to services. Work could be done to build on the work to equip communities to provide support at early intervention levels. NJ thanked TC and the teams for the work to date, which had now reached an important pivotal point.	
13/087	**Battersea Locality Clinical Group Annual Report** RE presented the report, which highlighted the different areas of work that had been done within the Battersea Locality. The report identified the agreed Locality priorities and provided details of work achieved around a number of areas. The Board discussed the content of the report noting a number of comments and questions around the following areas: • Social Prescribing – Work was being done on a Wandsworth Self Management Programme and this should provide data that could be used to inform this area of work. • How much engagement was there with patients and public in practices now and in helping to deliver those projects identified? Engagement with patient groups was much stronger now but there was still further scope for development in a number of areas. • Parenting Project – would an evaluation be done on the project and were there plans to expand this wider? An objective evaluation of the project would be difficult, but an evaluation could be done from a parent perspective around confidence levels and feedback on what parents had got out of the project.	

	NJ invited questions from members of the public. • How would future medical provision be calculated for the increase in population from the Nine Elms Vauxhall development, taking into account the different needs and requirements of the expected population and that there would be very low affordable housing available? – The CCG was engaged with the planning process regarding health service provision across the Nine Elms Vauxhall area and LW had been appointed as the Senior Responsible Officer to lead on behalf of Wandsworth and Lambeth colleagues. It was important to ensure the correct range of services to meet the needs of the population and assessment should take that into account. It was noted that the Nine Elms Vauxhall development would be one of the main topics for discussion at the Battersea Locality meeting for local people to be held in October. NJ thanked the members of the Battersea Locality team for the report and the work done to date.	
13/088	**Urgent Care** LW apologised that the Urgent Care Plan had not been distributed with the papers, copies of which were tabled. The paper provided information on the background to this work, with specific reference to targets, performance, sustainability and winter planning. The CCG had supported a range of initiatives to maintain and improve local urgent care performance. This work would now be enhanced, working with colleagues across local agencies, to enable patients to access the most appropriate type of urgent care service in a timely manner and responsive to their needs. The national priority for Urgent Care was seven day working and this would be a significant workstream. To take this work forward, an Urgent Care Board (UCB) had been set up with the aim of pulling together key agencies to work collectively to improve the system and joining up services where possible. A first meeting of the UCB had been held and it was acknowledged that a significant programme of work regarding Urgent Care was already in place across the agencies. Future meetings would look at Social Care to identify barriers to accessing support, winter planning for next year, and immediate planning. The Board discussed the content of the report with comments and questions noted in the following areas: • Whilst most Wandsworth patients went to SGH, would learning from patients who attend Urgent Care Centres outside of the borough be taken into account? – The South West London CCGs were looking at shared agenda areas and Urgent Care had been identified as one of the areas to identify shared learning. The opportunity to obtain feedback from services in North West London would also be pursued. • Seven day working should focus on social care as well as health care. • Wandsworth delivery must be the focus to this work but it was acknowledged that integration with services outside of the borough may be required. • Does this workstream cover Urgent Emergency Care only or Unscheduled Care as well? – The aim was to develop a system that was easy to navigate for everyone. Emergency care in hospitals was also part of the work of the Urgent Care Board and the first meeting noted the need and aspiration for SGH to meet the London Adults Emergency Services standard.	

	NJ invited questions and comments from members of the public. • The Out of Hours service should also be included in this work. – It was noted that Harmoni had been appointed as the provider for an integrated GP Out of Hours and NHS 111 service. Comprehensive performance indicators had been agreed for this integrated service with a designated Performance Lead. Information regarding access and performance against standards would be shared more widely to provide assurance.	
13/089	**Procurement Plan** LW referred to the summary presentation to provide an overview of the plan. The aim of the plan was: • to establish how the CCG would determine services to procure and the process to undertake procurement; and • to use the experience gained during 2013/14 to develop a longer term strategy and to develop a framework. It was noted that procurement was just one element of the overall commissioning cycle. The summary presentation set out the drivers for procurement, potential influences on the decision to procure, types of procurement that could be undertaken, key element of a procurement, and plan for 2013/14 to build toward a longer term strategy and framework. The Board discussed the proposed plan with comments and questions noted in the following areas: • Transparency was very important, particularly around Conflict of Interests issues, the potential for which should be clearly stated. • Integration and patient pathways – how could these be improved so that they were more joined up and how would they be commissioned? - One of the disciplines was in quantifying what the benefit of integration would be as part of the evaluation and decision making process. • Focus should not just be on integration within pathways or particular services, but on providing comprehensive health services, aligned both within and between providers and across primary, community, acute and social care interfaces. • Healthwatch Membership Forum had noted a level of opposition to the use of competitive tendering, therefore, the language may need to be considered to better reflect guidance and competition. It was acknowledged that procurement could be a valuable tool, if used properly, to improve outcomes for patients, and the regulatory framework would look at those outcomes. The CCG wished to be as transparent as possible and a website page dedicated to procurement was currently being developed. • The discretion on whether to use competitive tendering and how that discretion was used could be controversial. The plan for 2013/14 should provide transparency and be clear how procurement activity was to be taken forward. It was expected that discretion would become more limited over time with clearer guidance to be made available. NJ referred to a written question regarding procurement received prior to the meeting. As this question was similar to one submitted at the previous Board meeting, NJ proposed that a written response would be sent. LW confirmed that a written response would be provided.	

	LW wished to formally acknowledge her thanks to Lola Triumph who had worked to develop the plan.	
13/090	**Wandsworth CCG Assurance Framework** The role of NHSE included obtaining assurance on the CCGs delivering best outcomes within their allocations. A draft Assurance Framework had been developed comprising of quarterly checkpoints and an annual assessment. Although the proposal focused mainly on CCGs, it would also be used to provide some level of scrutiny for services commissioned directly by NHSE. The paper and Annexes provided information on the principles that form the basis of the draft framework, domains and thresholds, escalation processes, and organisational health and capability. Annex D provided an initial draft summary of month two performance based on available data – it was noted that some caution was required regarding the indicated ratings as the CCG had taken on additional responsibility in some areas and further work was required. CCGs were being consulted on whether the proposed framework was correctly defined and if there were any additional domains that would be useful to drive change. It was noted that the framework was being discussed by London Chief Officers and it was anticipated that a joint response would be submitted. It was considered that the overall framework with quarterly checkpoints and an annual review was broadly appropriate, however, the proposed scale of the annual review process was potentially excessive for any CCG that was performing well. The Board discussed the content of the paper with comments and questions noted in the following areas: • The framework did not include where the CCG was dependent on other organisations and it would be useful to identify this. • Would MH indicators be included? – It was noted that the framework would go back to the domains for authorisation and define where the CCG would be against that. It was agreed that the points raised would be taken forward.	**JO**
13/091	**Executive Report** In response to a question regarding the Better Services Better Value programme, GM confirmed that the report stated the current position. The 7 CCGs involved in BSBV had not been able to meet together regarding a decision on whether to go out to consultation as assurance on the business case from NHSE was still awaited. It was noted that the Case for Change remained. If assurance was not provided there could be a need to identify another approach but this was not being actively worked on at the moment. NJ requested that any comments on the revised format of the report be forwarded to SA.	
13/092	**Finance Report** HV presented the report to the end of May. The report noted the approval of the Wandsworth PCT 2012/13 accounts and approval of the Wandsworth CCG 2013/14 financial plan. It was noted that reporting of the current position was more difficult due to the split in responsibilities in areas such as Specialised Commissioning, and a number of assumptions had	

	been made due to limited data being available. Issues were highlighted regarding availability of Person Identifiable Data (PID), which meant that the CCG was not able to validate activity provided at individual patient level. With the current available information, the CCG was reporting break even against plan, however, due to lack of data the position could not be fully verified, therefore, levels of reported performance was subject to a high level of caution. SH advised the Board that the Finance Resources Committee had expressed a high level of concern regarding the issues highlighted. The Committee were particularly concerned regarding the lack of functionality in the financial ledger, noting that elements of financial management were currently being done using spreadsheets. The lack of PID information was noted as a potential risk in being unable to verify activity. The Finance Resources Committee had requested that these issues be formally raised with NHSE clearly stating the level of risk. GM confirmed that the issues of concern had been escalated to NHSE by the CCG and through the London Clinical Commissioning Council. The internal and external auditors had also been informed of the concerns. HV stated that all Chief Financial Officers across London would be writing to the Department of Health regarding the inadequacy of the current financial ledger system. Comments and questions on the content of the report were noted: • Specialised Commissioning – Legal advice was being sought on whether funding taken from Wandsworth CCG allocation to fund specialised commissioning services should be returned to the CCG if not spent on Wandsworth patients, rather than being utilised to support a cost neutral position across London. • Comprehensive Spending Review – An announcement had been made that £3.8billion NHS funding nationally would be channelled through local authorities to support integrated health and social care services from 2015/16 onwards. , Wandsworth CCG was already providing a level of investment across both organisations. Appropriate governance of any funding transfer would be managed through the Health and Wellbeing Board.	**HV**
13/093	**Approved Minutes** The content of the Minutes was noted.	
13/094	**Open Space** NJ stated that as opportunities had been available for questions to be raised by members of the public after the main discussion items, no further questions would be invited.	
13/095	**Any Other Business** None. There being no further business the meeting closed at 12:40.	
Date of next meeting: 11th September 2013		

Attach 1

Signed: .....

Date: .....

ACTIONS

Ref No.	Item	Lead	Timescale
13/086	Mental Health – Clinical Reference Groups papers to be available on the CCG website.	GM	11/09/2013
13/090	Wandsworth CCG Assurance Framework – Comments noted to be taken forward.	JO	19/07/2013
13/092	Finance Report – Legal advice to be sought regarding Specialised Commissioning funding.	HV	11/09/2013