

GOVERNING BODY

LEAD: Chair	ATTACHMENT: Agenda item: 2	A
ACTION: For Approval	MEETING DATE: 12 th June 2012	

**MINUTES OF THE FIRST MEETING OF THE
GOVERNING BODY OF
KINGSTON CLINICAL COMMISSIONING GROUP
HELD ON TUESDAY 3 APRIL 2012
HOLLYFIELD ROAD, SURBITON**

- PRESENT:**
- | | | |
|--|-------------------------------|--|
| | Dr Naz Jivani (Interim Chair) | |
| | Dr Phil Moore | |
| | Dr Pete Smith | |
| | David Knowles | Non Executive Director |
| | Mike Chester | Secondary Care Specialist |
| | Julia Billington | Nurse member |
| | David Smith | Director of Health & Adult Services |
| | Jonathan Hildebrand | Joint Director of Public Health |
| | Tonia Michaelides | Head of Commissioning & Delivery |
| | Hardev Virdee | NHS SWL Director of Financial Strategy |
- IN ATTENDANCE:**
- | | | |
|--|--------------|-----------------------------------|
| | Sandra Berry | Kingston's HealthWatch Pathfinder |
| | Jo Dandridge | Business Manager |
- MEMBERS OF THE PUBLIC & STAFF:**
- | | | |
|--|---------------------|-----------------|
| | Anne Tofts | Roberta Garcka |
| | C Barella | Sarah Champion |
| | T Barella | Yarlini Roberts |
| | L Jackson | |
| | A Monro | |
| | L Tartleton-Hodgson | |
| | M Ludlow | |
| | E Saudig | |
- APOLOGIES:**
- | | | |
|--|--------------------|----------------|
| | Dr Naeem Iqbal | Dr Junaid Syed |
| | Dr Vince Grippaudo | Anna Asher |
| | Paul Gallagher | |

Welcome and Introductions: Members of the public and staff were welcomed to the first meeting of the Governing Body.

Declaration of Interest: Jonathan Hildebrand declared his role as Director of Public Health for NHS South West London.

12/01 QUESTION TIME

There were no questions raised pertaining to the agenda items.

12/02 APPOINTMENT PROCESS OF CHAIR & DEPUTY CHAIR - CLINICAL

Members were advised that nominations for the Chair, Deputy Chair – Clinical and Accountable Officer had been submitted to NHS SW London and a national assessment process would begin at the end of April.

12/03 PRESENTATION : UTILISING THE SKILLS IN PRIMARY CARE

Naz Jivani gave a presentation highlighting the difficulties faced by some GPs in obtaining specialist advice when they were unsure about a particular referral and emphasised possible new methods to address this problem. This included suggestions of contracts with both the hospital and specialist GPs for specialist advice via email or telephone.

Members were advised of the value in educating patients in order that their needs could be met more efficiently and enabling them to take more responsibility for looking after themselves. This had been successfully implemented in Chesterfield through a mentoring programme for GPs and had resulted in taking some of the pressures away from the hospital.

Discussion followed on using the Expert Patients Programme (EPP) for those with long term conditions as one method to educate patients. Members noted the uncertainty around the future positioning of the EPP Co-ordinator post as it currently sat with Public Health but discussion was needed on where it would need to be in the future.

ACTION: It was agreed to receive a report from the Expert Patients Programme Co-ordinator at a future Governing Body meeting.

Views from members of the public were sought at this point and a concern was raised that if patients had a health problem that their GP did not know very much about, it would lead to delays in referrals and a patient's ultimate treatment.

12/04 COMMISSIONING UPDATE

04.1 FINANCE REPORT

A copy of the Month 11 finance position presenting the financial results for the period to end February 2012 had been circulated with the agenda papers.

The Governing Body noted that NHS Kingston's financial plan is a recurrent surplus of £3.959m which is 1.5% of the recurrent revenue resource. The organisation is required to maintain a surplus of 1% by the operating framework to

enable flexibility to manage risk and volatility. The additional surplus requirement is to deliver the South West London cluster control total of 1.4% to support NHS London's 1% surplus.

The financial performance shows the year to date position reflects an under spend of £3,629k in line with the target surplus. It assumes full utilisation of reserves and contingencies, achievement of NHS Kingston's financial and investment plans and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme.

Members were advised that the year had started with significant financial cost pressures and a challenging QIPP target but through dedication and determination of all involved to contain the level of spend within acute hospitals, the financial team were now confident that statutory financial duties would be met for 2011/12 and appreciation was expressed to Yarlina Roberts for all her hard work to achieve this position.

Members also noted that year end settlements had been agreed with the two major acute trusts: Kingston Hospital at £72.3m which represented a £2.6m over performance on the contracted value and St George's Hospital at £18.3m which represented an over performance of £1.7m.

Members were made aware that the non-recurrent resources that had been made available for 2011/12 would not be available for 2012/13 and therefore the financial challenge for this year would be even greater. It was therefore imperative to firm up plans to ensure spends were within the resource limit. Assurance was given that robust negotiations were taking place on a weekly basis through the Acute Commissioning Unit to reflect the priorities of the CCG together with discussions with other CCGs on the development of a risk sharing agreement to alleviate exposure.

ACTION: The Governing Body noted the Month 11 position together with the forecast financial position for 2011/12 and the assumptions contained within it.

04.2 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) REPORT

A copy of the QIPP dashboard for January 2012 and a progress report on delivery of 2011/12 QIPP schemes against their savings trajectories had been circulated with the agenda papers.

Members were advised that there were £6.8m worth of QIPP schemes for delivery in 2011/12. The current forecast out turn based on Month 10 (January 2012) reported position showed a shortfall of £218k. This is a decrease of £49k from the

Month 9 shortfall position of £267k mainly due to a marked increase in savings in Dentistry and Prescribing. However, achievement of the 2011/12 QIPP target by year end was still predicted.

Members noted that for 2012/13 the QIPP savings target was £10.5m and to date, £11.2m worth of savings had been identified though after rating these schemes the total value was actually £9.9m leaving a shortfall of £600k.

Members were reminded of the evidence around QIPP schemes that had been circulated previously and agreed to use this at a future seminar with dedicated time to evaluate the evidence in detail and also to include the Atlas of Variation information recently published.

ACTION: The Governing Body noted the progress to date against the QIPP schemes.

04.3 KINGSTON CARDIAC SERVICES

A report produced by the South London Stroke and Cardiac Network following a review of the cardiac catheterisation laboratory (Cath Lab) service had been circulated with the agenda papers.

Members were advised that the review concluded with four options for the future of the Cath Lab and that these had been considered by the GP Leads prior to the Governing Body meeting and they were recommending to members to support Option 4 – to increase the elective workload at Kingston Hospital by agreeing a network arrangement with St George's Hospital.

ACTION: The Governing Body noted the following agreements reached:

- (1) The network model for the provision of cardiac services at Kingston Hospital; and**
- (2) The recovery of double charging for non-elective procedures**

04.4 MONTH 10 ACU REPORT

The NHS SW London ACU Month 10 report summarising the year to date and forecast out-turn position in respect of the financial performance of Kingston's main providers of secondary care had been circulated with the agenda papers.

The Governing Body noted that overall the year to date net over performance at Month 10 for the Borough on the acute contract portfolio is £6.3m and this figure was derived after applying the impact of acute KPIs of £2.5m to the gross over performance position of £8.8m.

Members were advised that the two risks particularly at Kingston Hospital were the increasing day case activity which is not balanced by equivalent reductions in inpatient activity and increasing outpatient first consultations, particularly in Trauma & Orthopaedic, endocrinology, GU medicine and colorectal.

The Governing Body agreed that further work was required on the quality of KPIs to ensure they are relevant and patient focussed.

ACTION: The Governing Body noted the 2011/12 Month 10 ACU Report.

04.5 ANY QUALIFIED PROVIDER (AQP) UPDATE

Members were provided with a verbal update advising that at a previous Kingston Commissioning Committee meeting it had been agreed to select Improving Access to Psychological Therapies (IAPT), as an area for using the Any Qualified Provider process. Members noted this was no longer possible as IAPT was part of the tendering process for the Community Wellbeing Service. After consideration it was therefore agreed that Podiatry in Kingston would be used as an AQP and further information would be shared with the Governing body in due course.

ACTION: The Governing Body noted the agreement to use Podiatry for the Any Qualified Provider process.

12/05 NHS BOWEL CANCER SCREENING PROGRAMME

The NHS Bowel Cancer Screening Programme Annual Report for 2010/11 had been circulated with the agenda papers.

Members were informed that in 2010/11 the screening uptake was maintained at approximately 48% compared to the previous year, but remained below the target of 60%. Uptake in South West London was highest in Kingston (52.5%) and lowest in Wandsworth (39.9%) and that a good range of promotion and awareness raising activities had been undertaken in various settings.

Members noted that in 2010/11, 64 cancers had been diagnosed through the screening programme and that this was 24 more when compared to the previous year.

ACTION: The Governing Body noted the NHS Bowel Cancer Screening Programme Annual Report for 2010/11.

12/06 UPDATES FROM MEMBERS

06.1 BETTER SERVICES, BETTER VALUE REVIEW

Members were advised that in response to the review that had been undertaken on funding and clinical modelling, a scoring event was being held in May and following

publication of the proposals reached from this scoring, there would be pre-consultation events held.

ACTION: The Governing Body noted the update.

06.2 MENTAL HEALTH

A verbal update of the Community Wellbeing Service tender process was provided and members were reminded that this had come about following concerns raised around mental health services. Meetings had been held with service users, commissioners and carers and work was underway to redesign the service with a better alignment with primary care. The future of commissioning mental health services would be more focussed around outcomes rather than process.

ACTION: The Governing Body noted the verbal update.

12/07 UPDATES FROM SUB COMMITTEES

07.1 SYSTEMS SUSTAINABILITY BOARD (SSB)

A verbal update was provided following a meeting of the Board held the previous week. The caveats identified in order to secure approval of Kingston Hospital's Foundation Trust application were continuing to be addressed by the Board and a further meeting would take place in May.

Members heard how the Board was a really good example of commissioners and providers working together within a suitable forum for discussion to enable things to be done differently and address overspends and to plan for the next 5-10 years.

ACTION: The Governing Body noted the update and would ask Charles Alessi, the Chair of the SSB for a report to be brought back to CCG.

07.2 SURBITON HEALTH SUB COMMITTEE

Phil Moore declared his interest in this agenda item as his practice was one that would be moving into the development.

Members were advised that the building works for the health facility were all on schedule for completion by mid March 2013.

In order to ensure the right services are commissioned and the building is fully utilised, a group had been set up to look at developing the right services for the benefit of the local population. Although the minutes of the sub committee were brought to the Governing Body, formal feedback from this group would be provided to the next meeting of the CCG Governing Body.

Members noted that a Health Planner had also been engaged to look at optimum use of space and had identified that there was scope for some of the facilities to be open from 8am to 8pm, 7 days a week.

Members were informed that there were plans to hold a public event in the early Autumn.

ACTION: The Governing Body noted the update from Surbiton Health Sub Committee.

12/08 MINUTES FOR INFORMATION

08.1 BUSINESS CASE SUB COMMITTEE

A copy of the March 2012 minutes of the Business Case Sub committee had been previously circulated with the agenda papers.

Members were advised of those business cases that had been approved by the Business Case Sub Committee and of others that had been rejected.

The proposal to move the GPSI (GPs with a Special Interest) contracts to GP Chambers would be brought to a future Governing Body meeting for approval due to the number of conflicts of interests declared by GPs present at the Business Case Sub Committee.

Members noted for future reference that copies of all Business Cases were available on request.

ACTION: It was agreed to include a patient representative on the Business Case Sub Committee membership.

ACTION: TM to send a copy of the full Business Case to Pete Smith.

ACTION: The Governing Body ratified the minutes of the Business Case Sub Committee meeting held on 9th March 2012.

12/09 ANY OTHER BUSINESS

09.1 PATIENT ENGAGEMENT

Members agreed that going forward, all decisions where there is 'benefit to patients' should be extracted to have on record. This would be picked up by the Integrated Governance Committee once it had been established.

12/10 QUESTION TIME

Members of the public were asked by the Governing Body for their views on how patient centred the meeting had been and for ideas on what could be done to improve the way the meeting had run in order to be more engaging.

The following points were raised and discussed:

- 1) Refrain from using acronyms.
- 2) More GP research on patient problems before decision taken to refer and to see patient again with further information on the particular condition.
- 3) Questions from members of the public in advance of the meeting
- 4) Future of Fuschia Ward

12/11 DATE OF NEXT MEETING

Tuesday, 12th June 2012

Chairman..... Date.....