NHS
Kingston
Clinical Commissioning Group

GOVERNING BODY

LEAD:	Chair	**ATTACHMENT:** Agenda item: 3	**A**
ACTION:	For Approval	**MEETING DATE:** 5th November 2013	

MINUTES OF THE NINTH MEETING OF THE GOVERNING BODY OF KINGSTON CLINICAL COMMISSIONING GROUP HELD ON TUESDAY 3 SEPTEMBER 2013 THE KING CHARLES CENTRE, SURBITON

PRESENT:	Dr Naz Jivani	Chair
	Dr Phil Moore	GP Member
	Dr Junaid Syed	GP Member
	Paul Gallagher	Lay Member & Audit Chair
	David Knowles	Vice Chair & Lay Member
	Mike Chester	Secondary Care Specialist
	David Smith	Chief Officer
	Neil Ferrelly	Chief Finance Officer
	Tonia Michaelides	Chief Operating Officer
CO-OPTED MEMBER:	Jonathan Hildebrand	Director of Public Health, RBK
IN ATTENDANCE:	James Benton	Council of Members Chair
	Grahame Snelling	Healthwatch Kingston Chair
	Jo Dandridge	Business Manager
MEMBERS OF THE PUBLIC, STAFF:	L Tarleton-Hodgson	M Ludlow
	M Johnson	J Carr
	A Basoah	M Hodgkinson
	S Onyekwelu	A Macfarlane
	J Boxer	R Laher
	P Turner	
APOLOGIES:	Dr Pete Smith	GP Member
	Dr Naeem Iqbal	GP Member
	Dr Vince Grippaudo	GP Member
	Vanessa Lodge	Nurse Member
	Dee O'Dell-Athill	Lay Member

Welcome and Introductions: Members of the public and staff were welcomed to the ninth meeting of the Governing Body. A special welcome was extended to Grahame Snelling, the new Chair of Healthwatch Kingston, as a non-voting member of the CCG's Governing Body.

Declarations of Interest relating to items on the agenda: No additional declarations. *(All declarations of interest for Governing Body members are listed in the register available at each meeting and also published on our website)*

13/24 MINUTES OF THE EIGHTH MEETING HELD ON 2ND JULY 2013

The minutes of the eighth meeting held on 2nd July 2013 were agreed as an accurate record.

13/25 MATTERS ARISING

None.

13/26 CHIEF OFFICER'S REPORT

This report highlights items of interest to Governing Body members and the public and contains matters which are not discussed in detail in the rest of the agenda.

26.1 Kingston A&E Recovery & Improvement Plan

Members noted the work on the comprehensive recovery and improvement planning document which was being led by the Urgent Care Board and were advised that Dr Vince Grippaudo was chairing that Board.

26.2 Public Spending Review

Members noted that from 2015/16 a significant amount of the CCG commissioning budget would be top sliced and used to create an Integration Transformation Fund. The amount of Kingston CCG contribution was estimated to be between £5M-£6M and more detailed information would be provided at future meetings once the allocations were known.

26.3 Better Services, Better Value (BSBV)

Members noted that NHS England had confirmed that the activity and finance assumptions made in the consultation document were sufficiently robust. The next step is for the Local Committee of CCGs to meet and formally agree to the consultation.

26.4 New Appointments

Members noted that Grahame Snelling had been appointed as the new chair of Healthwatch Kingston and that Sian Bates had been appointed as the new chair of Kingston Hospital NHS Foundation Trust.

26.5 Fuchsia Ward update

Dr Moore advised that he had met with relatives of the patients on Fuchsias Ward to discuss different ways of progressing and the notes of that meeting were still to be agreed by the relatives.

The Board noted the remainder items contained within the Chief Officer's Report.

13/27 INNOVATION STRAGEGY

Professor Mike Chester introduced this item and presented a proposal to create an appropriately funded hybrid strategy of supporting micro innovation with engagement from the workforce together with a small number of larger scale innovation projects to best suit the needs of our population's immediate and long term needs.

Members commented that a culture change was required from the top down in order to address the different mind sets that existed and that there was a need to express the following priority areas in a way that makes patient-centredness clear to all:

- Health and well-being of people
- Quality of services received
- Using resources efficiently to provide sustainable services

Members were supportive of funding for this area of innovation, but also conscious that funds were limited..

Grahame Snelling requested a means of simplifying the language used and fleshing out wider for public consumption what it would mean in practise.

ACTION: ***Members agreed the next step was to set up a steering committee to determine affordability within the resources available. This committee would report through to the Integrated Governance Committee for approval and then to the Governing Body for ratification.***

13/28 PLANNING ROUND

A paper summarising the CCGs planning arrangements for 2014/15 and beyond together with an indicative planning timetable had been previously circulated.

Members noted that the CCG needs to make progress with its Commissioning Intentions for 2014/15 to inform the commissioning and contracting processes later in the year and were being asked to note the planning timetable and to confirm the following CCGs strategic priorities in order to provide a framework for the Commissioning Intentions:

- out of hospital services (which includes emphasis on frail elderly, integration of services and services for people with long term conditions)
- unscheduled care
- children (including child and adolescent mental health)
- mental health

Members discussed developing one set of priorities that would align the strategic work streams with the Joint Health & Well Being Strategy as there were huge overlaps.

Members were advised that stakeholders would see iterative drafts throughout the process to enable the opportunity for comments.

ACTION: Jonathan Hildebrand and Tonia Michaelides would meet and take forward the approach for one set of priorities that would be signed off by CCG and RBK.

Members noted that an agreed statement on Better Services, Better Value (BSBV) was to be developed by SWL CCGs reflecting the approach to implementation of clinical standards of the BSBV programme.

ACTION: Tonia Michaelides to discuss development of the BSBV statement on implementation with the BSBV team.

13/29 COMMISSIONING

29.1 Integrated Governance Committee Report

A copy of a report highlighting issues discussed at the most recent Integrated Governance Committee meeting in August 2013, together with the Performance Report and Risk Register appendices had been previously circulated for information.

Members attention was drawn to the Integrated Governance Committee Reporting Framework which had been approved and two new sub groups identified as follows:

- Patient Experience and Engagement Group
- Primary Care Development and Quality Group

Risk Register

Members noted there were two very high risks identified on the Risk Register as follows:

- Risk 651 – *Failure to comply with data protection legislation*
  Changes in information governance arrangements associated with the Health & Social Care Act 2012 means there is no legal basis for Kingston CCG to access Person Confidential Data (PCD) – this has affected the organisations ability to continue with existing schemes such as Caretrak or introduce new schemes such as risk stratification. The inability to access information compromises the ability of Kingston CCG to robustly commission, validate and monitor health services. A temporary work around had been found by NHS England and the NHS Information Centre through to October, but a further solution was still awaited.

- Risk 314 – *Safeguarding children and looked after children services*
  This risk was escalated following the Ofsted/CQC report of Inspection of Safeguarding & Looked after Children (July 2012) which identified gaps in the service and also an increase in the number of children subject to Child Protection Plans. It was agreed not to downgrade the 'very high' risk rating until work had been completed but also noted that the risk relates to RBK Ofsted Report and is not health related.

Members then were given an update on some of the CCG outcome measures and noted the following :

- *Friends & family test for acute inpatient care and A&E* – now RAG rated as 'green'. NHS England had advised of limitations of the data currently available. Numbers of patients filling in questionnaires had increased following development of an action plan by Kingston Hospital.

- *Community Mental Health Team (CMHT): percentage of referrals not assessed within 28 days from referral* – South West London & St George's Mental Health NHS Trust are looking at this issue of referrals. Sylvie Ford is also talking to the Director of Operations around quality of the service being delivered.

  Members were also advised of some productivity issues around the community mental health team where they have recorded patient contact as only 2-3 contacts per day.

- *Harmoni SPA 111 : Calls answered within 60 seconds and Called back within 10 minutes* - members queried whether any performance notice had been issued and also sought assurance that reviews of the implementation plan were regularly undertaken.

  ACTION: Tonia Michaelides agreed to find out if a performance notice had been formally issued to Harmoni by the Commissioning Support Unit.

- *Patient Experience of GP Out of Hours Services* – whilst there had been some improvement, Kingston CCG remain in the lowest 20% of CCGs for this indictor. Tonia Michaelides has arranged for Vince Grippaudo and Tony May to do a presentation at the next Integrated Governance Committee to inform assurance.

  ACTION: Members questioned if we systematically collect quality outcome data on patient experience and Phil Moore agreed to find out and report back.

The Governing Body NOTED the Integrated Governance Report

29.2 Finance Report

A copy of the financial position reported for Month 4 (to end July 2013) had been previously circulated.

Members noted the main points of the report as follows:

- at month 4, the CCG reports delivery of £674k year to date surplus
- the CCG has been notified of allocation adjustments for secondary care dental which was previously a financial risk
- the CCG reports forecasting the planned £2.013m surplus for the year

- the contingency 0.5% reserve has assumed to be utilised during the year
- the 2% reserve is assumed to be fully committed
- the running costs have been reported to break even at year end.

At month 4 there are a number of risks and uncertainties that may impact on the CCGs ability to meet the planned surplus.

Acute contracting

The year to date actual financial acute commissioning position, at month 3 was £25.6m expenditure against a year to date plan of £25.3m, yielding a year to date over performance variance of £0.3m net of challenges. This over performance predominantly relates to non-elective and outpatient activity. Drugs and devices are another area of significant over spend - £158k. Critical Care overspend reduced significantly compared to last month, standing at £42k as at month 3.

The amount of CCG QIPP (Quality, Improvement, Productivity & Prevention) focussed on acute activity is approximately £3.2m but it is too early in the year to assess the impact of under/over achievement but this could account for up to £0.8m of the over performance dependent on phasing within plans. Therefore it is most likely to be a contributing factor to the over performance at this time.

Members sought clarification on over activity of the South West London Elective Orthopaedic Centre reported as £0.5M and in response it was suggested it may just be a profiling issue and a way of selecting patients making Kingston Hospital data abnormal activity.

CCG Allocations

Members queried whether allocations were yet known as it was difficult to know what adjustments could be made without this information. Neil Ferrelly reported that for primary care, the General Medical Services allocation and Property allocations had both been addressed.

Specialist Commissioning

CCG commissioning budgets have been top sliced for specialised commissioning with money being transferred to NHS England. At the beginning of the financial year, notional adjustments for actual performance were made. At Month 6, a 'freeze' position is reached and final adjustments will be made.

Members were pleased to see for the first time, the £6.9m money flow being reported for the hosting of a pooled budget between the CCG and RBK for Kingston at Home and some public health schemes.

The Governing Body *NOTED* the Finance & QIPP Report for Month 4.

28.3 Council of Members Report

A report detailing items discussed at the most recent Council of Members meeting had been previously circulated.

Items included a presentation on the Community Wellbeing Service; discussion on recent changes to Bariatric Surgery referrals; and a discussion on local clinical networks .

The Governing Body *NOTED* the Council of Members Report.

28.4 Patient and Public Engagement Report

A report detailing the patient and public involvement activity that had been undertaken over the past few months had been previously circulated for information.

This included details of the new group being established to identify and ensure systematic collection and review of patient experience data for presenting to the Governing Body and influencing commissioning decisions.

Grahame Snelling, the chair of Kingston Healthwatch welcomed these new reporting arrangements and was keen to ensure Healthwatch were linked into the working group.

Members were also advised that Care Connect had gone 'live' with a soft launch taking place over the next couple of weeks. Patients would feed back their comments on health services via Care Connect and this would be given to the commissioners of the services being commented on.

The Governing Body *NOTED* the Patient and Public Engagement Report.

13/29 MINUTES FOR INFORMATION AND UPDATES FROM SUB COMMITTEES

29.1 Audit Committee

The main discussion at the last Audit Committee meeting had focussed on year end; transfers to the CCG; identifying the Internal Audit plan; and raising awareness on the receipt of gifts and hospitality.

29.2 Integrated Governance Committee

Minutes of the Integrated Governance Committee meetings held on 21 May and 18 June 2013 were received for information.

29.3 Business Case Sub Committee

The Terms of Reference for the Business Case Sub Committee had been reviewed and would be taken to the next Governing Body meeting for approval.

13/30 QUESTION TIME

Members of the public were then asked for any questions and the following issues were raised:

30.1 Personal Health Budgets

The following written question had been received from Ann Macarlane, prior to the meeting:

'When will those who qualify for social care be able to apply for a combined budget and receive it through the same system already in situ?'

In response, it was stated that CCGs were obliged to provide personal health budgets in the first instance for continuing care patients for children and adults by 1st April 2014 and a dedicated Project Manager had been recruited to begin embedding this into the CCG and working with existing structures and mechanisms across RBK.

From 1st April 2015, personal health budgets would then be introduced for other service areas to include those with long term conditions and mental health service users.

These timescales were considered a long way off for patients and a request was made to consider the learning from those already receiving social care budgets and for them to pilot the new health budgets.

ACTION: Tonia Michaelides agreed to ensure the Project Manager made contact with Ann Macfarlane.

30.2 Patient Centred Angina Management

A question had been raised at the last meeting asking for published details of the contract and costs of the Patient Centred Angina Management pilot.

Professor Mike Chester declared his interest in this item as the co-owner of Patient Centred Solutions Ltd.

In response, it was thought some of this information was commercially- in-confidence but it was agreed to follow NHS Procurement rules and to publish non commercially sensitive details on the CCGs website.

ACTION: Tonia Michaelides to publish non commercially sensitive information on the Patient Centred Angina Management contract on the CCG website.

13/31 CONTINUOUS IMPROVEMENT TOOL

A modified set of domain definitions intended to be more user friendly had been previously circulated. In particular, the definition of engagement had changed significantly for the better.

Members approved the use of the revised domain definitions and then were asked to rate them.

13/32 DATE OF NEXT MEETING

Tuesday, 5th November 2013