Newham Clinical Commissioning Group
Board Meeting
Wednesday 10th April 2013
Committee Rooms
Warehouse K

Present

Board Members
Dr Zuhair Zarifa Chair
Dr Ashwin Shah Deputy Chair
Steve Gilvin Chief Officer
Chad Whitton Chief Finance Officer
Paul Hendrick Lay Member – Governance
Andrea Lippett Lay Member
Dr Elizabeth Goodyear GP Member
Dr Prakash Chandra GP Member
Dr Vasos Vrachimi GP Member
Rachel Flowers Joint Director of Public Health
Dr Rizwan Hasan Secondary Care Consultant Member
Janet Bell Nurse Member
Hazel Trotter Practice Manager Representative
Dr Bhupinder Kohli GP Member
Dr Hardip Nandra GP Member
Dr Ambady Gopinathan GP Member
Graeme Betts Executive Director of Commissioning (LBN)
Jane Mehta Commissioning Support Director

CCG attendees
Chetan Vyas Deputy Director of Quality
Adam Shepherd Interim Head of Governance and Engagement
Jane Lindo Deputy Director of Delivery
Luke Moore Business Manager – Minute Taker

Other attendees
Dr Clare Thormod
Luke Byron-Davies
Anthony Bone

Apologies
Wayne Farah Vice Chair– Lay Member Patient and Public Involvement
Dr Lise Hertel GP Member

1. Business Items

1.1 Dr Zuhair Zarifa welcomed all members and attendees to the first meeting in public of the Newham CCG Board. He gave housekeeping announcements regarding fire exits and requested that all attendees ensure mobile phones remain switched off during the course of the meeting.
1.1.2 Dr Zuhair Zarifa requested that all questions from members of the public be withheld until the designated slot on the agenda.

1.1.3 Apologies were noted as recorded.

1.2 Conflicts of Interest

1.2.1 Dr Vasos Vrachimi declared a conflict of interest. He advised that his GP Practice, Tollgate Medical Centre, has an interest in the tender for the urgent care centre.

1.2.2 No other conflicts pertaining to items on the agenda were declared.

1.3 Minutes of the NCCG Board meeting held on 13 March 2013

1.3.1 The minutes were agreed as a true and accurate record of the meeting subject to the following changes being made

1.3.2 Page 8, 2.74: Dr Prakash Chandra noted that he commented on the implications on the budget for diabetic services.

1.3.3 Page 13: Paul Hendrick advised that the formal appointment of RSM Tenon was not ratified at the last board meeting pending clarification of their position with respect to the procurement of auditors for the Commissioning Support Unit. However, he updated members that assurance has been received and the appointment has now been ratified.

1.4 Actions and matters arising

Action CCG6: Steve Gilvin updated members that wide clinical engagement in the development of Integrated Care is being achieved through a number of dedicated integrated care workshops facilitated by McKinsey, in addition to the work of the Integrated Care programme board and multi-disciplinary meetings.

Action 1.5.15: Steve Gilvin updated members that a provisional appointment has been made for a fixed period to support primary care development work for Newham CCG.

Action 2.1.3: Dr Zuhair Zarifa confirmed that he and Dr Ashwin Shah have scheduled a meeting with Sarah Slater, Group Cancer Director for Barts Health, to discuss Londonwide cancer strategy.

Action 2.3.4: Steve Gilvin confirmed that this action will be taken forward by the Partnerships programme board.

Steve Gilvin to communicate the named Partnership programme board contact to the relevant contacts at the Brampton School.

Action 2.5.5: Chad Whitton has circulated an email to board members to update on this item. He confirmed that he would respond to any additional questions by email.

Action 2.6.4: Action complete

Action 3.2.4: Covered above in 2.5.5
Action 3.4.6: Chetan Vyas confirmed that Board Members have been invited to a Board Development session regarding the Governance Review on 25 April 2013.

Action 5.1: Steve Gilvin confirmed that he has asked HR team to produce a letter to go to all board members.

**Steve Gilvin agreed to circulate letter to board members confirming formal appointments when received from Human Resources.**

### 1.4 Chair’s update: Dr Zuhair Zarifa

1.4.1 Dr Zuhair Zarifa thanked CSU colleagues for asking Don Neame in the communications team to attend the board meeting in a support capacity. He expressed thanks to Don for his support.

1.4.2 Dr Zuhair Zarifa provided a brief update on commissioning arrangements for the Barts Health contract, specifically the appointment of Tower Hamlets CCG as lead commissioners.

1.4.3 As a result of the current arrangements, he advised that Newham CCG, in conjunction with the London Borough of Newham (LBN), have sent a letter addressed to Dr. Anne Rainsberry at NHS England, to outline concerns and requesting a meeting to take forward further dialogue.

1.4.4 He said that the intention of the letter and proposed meeting is to express upset at the decision regarding lead commissioner arrangements and ask for a rational explanation. He invited comments by email in advance of the meeting from members and made it clear that all board members have the opportunity to contribute to this discussion.

1.4.5 Paul Hendrick asked for clarification on the governance arrangements surrounding the contract lead decision. He suggested that the issue of lead commissioner is not something which should arise within the remit of NHS England. He said that this should be a matter for the three CCGs themselves and should not be subject to a direction from NHS England.

1.4.6 Dr Zuhair Zarifa updated members that a meeting is being organised towards the end of the month with the 3 CCGs (Newham, Tower Hamlets and Waltham Forest) to try to move this issue forward.

1.4.7 Steve Gilvin noted that the direction from NHS England (formerly the National Commissioning Board) does specifically mention the Barts commissioning arrangement, stating that Tower Hamlets will specifically commission Barts on behalf of Waltham Forest.

1.4.8 Steve Gilvin advised that Newham CCG will continue to work with colleagues to explore how best to take forward our collaborative commissioning arrangements. He acknowledged that the lack of communication to Newham CCG prior to the decision and direction is a significant issue and concern.

1.4.9 Dr Ashwin Shah made the point that Newham CCG are not questioning the decision to manage that Tower Hamlets manage the Barts contract for Waltham Forest. He commented that a local agreement was made at a collaborative commissioning level that Newham would lead on the 2013/14 Barts contract negotiations.
1.4.10 Dr Ashwin Shah stated that Newham CCG need to ensure that everything is in place internally to take the lead on this contract.

1.4.11 Steve Gilvin agreed on the importance of Newham CCG having a full senior staff team. He advised that recruitment to senior positions in the CCG team is complete and that final senior member of team will start with Newham CCG on 7th May 2013. He also said that Newham CCG will work in conjunction with CSU to plan how best contract can be managed.

1.4.12 Dr Zuhair Zarifa acknowledged that at the time the National Commissioning Board decision was made, Newham CCG had a direction. He confirmed that the direction has now been removed.

1.5 Chief Officer update

1.5.1 Steve Gilvin took members through the Chief Officer report as follows:

1.5.2 The direction placed on Newham CCG in February 2013 has been discharged and a further five conditions have also been met and removed.

1.5.3 Newham CCG has eight outstanding conditions, which are all at the lower support levels and that the CCG has to submit a revised plan on the remaining conditions by the 11th April. He expressed confidence that all conditions will be successfully met by the June 2013 evidence window.

1.5.4 A brief update was given on the Newham CCG Management structure. Two posts in the structure are not proceeding to recruitment at this time to allow the ability to be flexible and await the outcome of the Governance Review.

1.5.5 The two remaining posts will be advertised following this review. He advised members that the CCG running cost allowance is full and any proposed changes to the structure will need to be considered in the context of posts still vacant.

1.5.6 A brief update was given on the 2013/14 Operating plan. There has been significant work put into contract negotiations and Newham CCG are close to agreeing final contracts which meet all commissioning intentions from the Community and Mental Health programme boards.

1.5.7 More work needs to be done on the Barts Health contract, mostly related to understanding the impact of specialist commissioning work and associated impact on activity and finance. There is currently a significant gap in understanding on this between Newham CCG and NHS England.

1.5.8 Steve Gilvin emphasised that the Barts contract is the biggest concern for Newham CCG.

1.5.9 The urgent care service specification has been signed off and has gone to advert. Members were advised that a GP Mental Health lead has been added to the urgent care procurement panel.

1.5.10 Steve Gilvin advised members that he has completed a review of the CCG turnaround process which took place in late 2012.

Steve Gilvin agreed to summarise the outcome of the turnaround programme and circulate to Board members by email.
1.5.11 Members were advised that contracts and assets have transferred smoothly to Newham PCT from the old PCT structure, as at 1st April.

1.5.12 Dr Ashwin Shah expressed concern about the loss of organisational memory during this transition period. Steve Gilvin recognised that there are risks and gave a view of things done to mitigate:

- Each contract came with a summary and assessment of performance as part of the handover.
- Quality issues were also summarised as part of the handover documentation.

1.5.13 Rachel Flowers said that Newham has had historical problems with high staff turnover and associated loss of organisational memory and suggested that the CCG needs to find a mechanism to effectively address this issue.

There was a discussion around the CCG corporate and management structure:

1.5.14 Dr Prakash Chandra thanked CCG and CSU staff teams for all that has been achieved during the authorisation process. He expressed concern about appointments in delivery level of the CCG corporate structure, particularly around support to primary care and GP practices.

1.5.15 Jane Lindo advised that three of four practice Facilitator posts are now filled. Shortlisting has been completed for the one outstanding post and interviews will take place in the two weeks.

1.5.16 Dr Elizabeth Goodyear asked for a boost to the CCG structure at practice support level and highlighted the importance of the CCG communicating effectively with practices and highlighting what the Practice Facilitators are doing.

1.5.17 Dr Bhupinder Kohli commented that the CCG structure does not have much in the way of formal IT support. He stressed that CCG staff must have IT training to enable them to effectively support practices and CCG objectives.

1.5.18 Jane Lindo confirmed that the post for information analyst is still vacant as the CCG were unsuccessful in recruiting to this post through either internally (through the risk pool) or externally. She advised that the CCG is working with CSU on what can be delivered for support around IT, data and informatics in the short term.

1.5.19 Andrea Lippett raised an issue on behalf of Wayne Farah (who gave apology for the meeting). Wayne requested that any changes to the SLA between Newham CCG and CSU be brought to Board for consideration before being signed off.

Steve Gilvin advised that he will setup a small working group meeting to consider how best to engage with the board on the issue of the SLA. The group would involve the Board members who currently attend the SLA review and would report back to the Board. The members are: Dr Zuhair Zarifa, Steve Gilvin and Andrea Lippett.

1.5.20 Steve Gilvin notified members that the CCG and CSU teams based at Warehouse K will be switching to new telephone numbers (April 23rd) and Email addresses (April 15th). He advised that a stakeholder guide is being developed and will be distributed to all key stakeholders of Newham CCG with notification of the changes.
2. Discussion Items

2.1 WELC Collaborative Commissioning Agreement

2.1.1 Steve Gilvin led a discussion on the draft WELC Collaborative Commissioning agreement paper.

2.1.2 The agreement was submitted in draft form as part of Newham CCG’s submission during the authorisation process. However, he advised members variations can be proposed for submission in the June authorisation window.

2.1.3 The draft agreement covers the operation of the Collaborative Commissioning Strategy Group (Which has replaced the old Clinical Commissioning Committee). Membership from each CCG will comprise of the Chair, Clinical Deputy Chair and Chief Officer.

2.1.4 He advised that the agreement tries to set out how the WELC CCGs will look collaboratively at services across the patch, e.g. Cancer.

2.1.5 Dr Hardip Nandra asked the following questions for clarification:

1. From a governance perspective what decisions will this group be able to take and how would such decisions be carried into CCGs, e.g. would the group be able to rescind decisions of CCG boards?
2. What will the cost of the group be to CCGs?

2.1.6 In response to Dr Nandra’s question Dr Zuhair Zarifa confirmed that CCGs will delegate responsibility to the group, not the other way around. He stressed that the group is not a decision making body. Its purpose is to facilitate trying to work together but the responsibility for decisions will remain at an individual CCG level.

2.1.7 Steve Gilvin added to Dr Zarifa’s point by saying that the group is not a joint committee of the CCGs and that CCGs are not delegating decision making powers. Contracts will be between individual CCGs and providers but the group may provide a forum for collaborative discussion about how the CCGs may agree to align contracts in some areas, e.g. by harnessing collective power to take forward into negotiations.

2.1.8 Dr Prakash Chandra expressed concerned about site specific changes within Barts Health. He queried how centralisation of services by the acute trust will impact delivery of services locally and asked if local CCGs will be involved to protect the interests of the local population.

2.1.9 Graeme Betts asked if consideration has been given to the involvement of local government, for example around jointly commissioned service areas such as Mental Health and Child’s services. Graeme suggested that a proposal be sent to the Directors of Adults and Child Services to address how they can become involved in the work of the group. He also suggested that the group would benefit from Public Health involvement.

Steve Gilvin agreed that Local Authority and Public Health input would be helpful and agreed to work with Graeme Betts to setup a workshop to look at how this can be taken forward.
2.1.10 In response to Dr Prakash Chandra’s question, Steve Gilvin advised that site specific changes at Barts Health are subject to separate agreement. He agreed that there is a need for the Acute Trust to have a clear process around communicating with CCGs about any changes.

2.1.11 He notified members that he will request a revision to the proposed Terms of Reference for the group to agree a rotating Chair amongst clinical members, with a review after a given time period. No need to appoint an external clinical chair.

Steve Gilvin asked for approval on the Draft Collaborative Agreement as submitted, with proviso on the amendment to the Terms of Reference as noted above. Approval was given.

2.2 2013/14 Operating Plan

2.2.1 Steve Gilvin presented Newham CCG’s draft operating plan for 2103/14 and advised that this sets out how the CCG will meet its commissioning intentions and comply with national guidance, e.g. the NHS Outcomes Framework. He said the plan also tries to reflect ideas and intentions arising from work at programme board and cluster level within the CCG.

2.2.2 The audience for the operating plan is NHS England and other strategic partners. Steve advised that Newham CCG is also obligated to provide a prospectus to be published for the public which is expected to be ready for publication by the end of May 2013.

2.2.3 Programme board leads were asked to take responsibility for their relevant sections of the operating plan and feedback further comments by email.

2.2.4 Steve Gilvin invited comments and questions from members:

2.2.5 Dr Hardip Nandra queried if the net £12m QIPP saving figure is current?

2.2.6 Chad Whitton confirmed that the net position is just under 12m and gross saving is 20m. The risk assessed figure is 9m.

2.2.7 Dr Prakash Chandra commented that the plan does not demonstrate much investment or focus on primary care and said that this is a significant weakness.

2.2.8 Dr Zuhair Zarifa acknowledged the point made by Dr Chandra and said that this is a working document to which comments can be incorporated. He agreed that further reference needs to be given to primary care.

Operating plan to be amended to include additional detail on investment and support for primary care (Steve Gilvin)

2.2.9 Rachel Flowers suggested that some of the NHS outcomes framework metrics could be slotted into the operating plan, e.g. public health outcomes and adult social health outcomes.

2.2.10 Dr Ambady Gopinathan asked if integrated care investment is included in the budget for 2013/14.
2.2.11 Steve Gilvin advised that Newham are planning a net investment in integrated care of £2.75m in 2013/14. Chad Whitton advised that the money will come from the £12m identified as net figure in CCG baseline. Steve Gilvin added the caveat that the final investment figure will depend on the final outcome of the contract negotiations with providers.

2.2.12 Steve Gilvin clarified that this money would also be expected to support primary care development.

2.2.13 Dr Ashwin Shah stated his understanding from the first phase of the integrated care work, that agreement had been reached via PCT Director of Finance to fund integrated care investment via the 2% contingency funds for CCGs, or from emergency re-admission funds.

2.2.14 Chad Whitton advised that the PCT Director of Finance cannot make decisions about what happens in 2013/14 for the CCG as he won’t be managing these budgets. For 13/14 the PCT Director of Finance cannot guarantee what CCGs would do with their budgets.

2.2.15 Dr Ashwin Shah expressed concern and requested a guarantee as to where integrated care setup costs will come from. He stated that if no resources are available, the CCG will not be able to deliver integrated care.

*It was agreed that Chad Whitton would provide a detailed summary of how the integrated care investment is broken down and to brief the Quality and Delivery Programme Board, and circulate to Board members.*

2.2.16 Dr Hardip Nandra re-iterated Dr Shah’s understanding regards funding from 2% contingency and stated that if some of this funding has gone into integrated care setup cost, the CCG needs to understand what and how much?

### 2.3 Borough Summary Report

2.3.1 Jane Mehta presented the borough summary report, completed in mid-March and asked the board to note red rated areas of the report. She requested that any questions be sent to her via email for follow up.

**Headlines:**

- Finance: reporting on month 11 delegated budget overspend has reduced by £868k (currently £611k) with a forecast year end overspend of £2.6m, the bulk of which (2.5m) is form undelivered QIPP schemes.

- Barts Health: Position for Newham is below plan all Barts Health services in contract to the WELC position, £4.5m above plan.

- Forecast underperformance of £409k for community based services

**Risks:**

- Non delivery of QIPP initiatives for 12/13
Barts Health Newham site is slightly over plan on activity which could impact 13/14 contract negotiations

Potential cost pressure from retrospective reviews of continuing healthcare claims

Retraction of winter funding monies which could lead to increased pressure around meeting A&E targets at the Newham site.

2.3.2 Chad Whitton commented on the risk around retrospective continuing healthcare claims. He advised that £540k provision has been made but noted that going forward the CCG will have to pick up liability and make provision for retrospective claims, which could come in at any time.

2.3.3 Jane Mehta advised that red rate areas remain cancer and diagnostic waits. She notified members that the A&E target has moved to green but this has been queried as Barts Health as a whole has failed A&E target.

Jane Mehta agreed to send an email update to Board members.

2.3.4 Dr Ashwin Shah asked what will happen for Newham CCG if Barts Health overall performance is poor in relation to Newham site. Jane Mehta advised that discussions need to be had at collaborative level about how we may work with other CCGs to collaborate on these targets.

2.3.5 Dr Ashwin Shah asked what happens if one site over performs, as CCGs have separate contracts and one single contract.

2.3.6 Steve Gilvin said that there is no clarity as yet as to how NHS England will treat performance for each CCG, i.e. if Newham site is meeting targets but Barts Health is not. This will need to be clarified by NHS England.

2.3.7 Steve Gilvin clarified that Newham CCG will not be financially liable e.g. for high referral problems in other areas. He said that the CCG does not have a risk pool type of arrangement.

2.3.8 Steve Gilvin advised that activities will be not be transferred between CCGs. MFFs (Market Forces Factor) are harmonizing across the sites, to be phased in over a three year period.

2.3.9 Dr Ambady Gopinathan asked what happens if one department in Newham is closed and moves to another site for treatment, i.e. patients shifted from Newham to Royal London for treatment. He highlighted the recent example of the Haematology service.

Jane Mehta agreed to clarify the issue of services moving site with the CSU contracting team and confirm by email.

2.3.10 Steve Gilvin advised that Trusts can make short term changes without consultation but long term changes to services should be in consultation with the CCG.

Steve Gilvin to write to Barts Health on behalf of Newham CCG to set out the CCG’s expectations around what should happen for temporary changes (notification) and long term changes (consultation).
2.3.11 Dr Zuhair Zarifa enquired what mechanism is in place for primary care to alert CCG and CSU of such issues without the need to go direct to the provider.

2.3.12 Chetan Vyas advised that these issues should be picked up via an amber alert form which should go to provider, CCG and CSU. He acknowledged that this process needs to be refined and may not be working effectively at present.

2.3.13 Dr Vasos Vrachimi agreed that the amber alert is an important mechanism for reporting service concerns and agreed changes need to be made.

Chetan Vyas to re-shape the amber alert process and communicate it out to practices.

2.3.14 Dr Bhupinder Kohli suggested that consideration be given to setting up an amber alert form for hospitals to report concerns about primary care services.

Jane Mehta requested that practices email her directly with service issues in the interim until the amber alert process is working effectively.

2.3.15 Dr Zuhair Zarifa advised that Ashmeed Aziz in the CCG management team has been talking to Barts Health regarding putting amber alerts direct into the emis system to send automatically to hospital, CCG and CSU.

2.3.16 Steve Gilvin asked Adam Shepherd for an update on progress regarding the development of an on intranet for Newham CCG. Adam Shepherd advised initial user testing is taken place and highlighted an error regarding the published practice opening hours which will be addressed with the website and intranet provider.

2.3.17 Dr Elizabeth Goodyear said that Newham CCG needs to take responsibility for communicating with its patients and practices. This mechanism needs to be worked through.

2.3.18 Paul Hendrick said that there is no visibility in the borough summary report as to how Barts are performing financially. He said that assurances are requires regarding the Trusts solvency and performance against budget and requested exception reporting /early warning around any financial issues at Barts.

2.3.19 Steve Gilvin advised that this detail can be captured once agreement is reached on the contract - anticipated to be mid-June.

2.4 Finance and Activity Report (Month 11)

2.4.1 Chad Whitton presented the Finance and Activity report (month 11)

2.4.2 Newham PCT as a whole, based on month 11 position, has a planned surplus of £8.2m

2.4.3 Projected final outturn for delegated budget is approximately £2.7m, down £868k from month 10 position.

2.4.4 Out of sector acute has a projected overspend of just over £1.5m against budget, mainly from UCL hospital and partly due to high cost patients. Chad Whitton highlighted that the UCL contract had not been finalised when budgets were set and subsequently final contracts were larger than budgets suggested.
2.4.5 Non Contract Activity (NCA) has a projected overspend of £750k. Chad Whitton highlighted that this is difficult to control as large element is non-elective.

2.4.6 There is a £600k projected under spend on continuing care and £2m projected under spend on prescribing.

2.4.7 Projected non delivery of 2012/13 QIPP is approximately £2.5m; however, Chad Whitton advised that continuing care underspend has not yet been taken out of budgets.

2.4.8 Chad Whitton advised that the biggest risk outstanding is around the planned £900k QIPP saving from the planned closure of elderly rehab beds at the Barts health Newham site. He advised that this issue remains under discussion with Barts Health.

2.4.9 Over performance at Barts Health Newham site is offset by under performance in Barts contact at other sites. Overall performance is under plan across Barts Health as a whole and within the 5% cap and collar arrangement.

2.5 Board Assurance Framework (BAF)

2.5.1 Steve Gilvin presented the Board Assurance framework and thanked Adam Shepherd for updating the document.

2.5.2 No new risks have been added in the past month.

2.5.3 Steve Gilvin advised that it has been agreed the BAF will be a regular agenda item for Newham CCG Board and that the BAF will be reviewed in detail before next meeting of the Board in May.

2.5.4 Paul Hendrick said that management of risk is primarily the Board’s responsibility. He suggested arranging a Board development session to review the BAF in more detail to ensure that it dovetails with the Board’s understanding and view of key risks.

2.5.5 Dr Zuhair Zarifa requested that an additional risk be added to the BAF around failure to achieve quality targets, particularly how these can be directly influenced by primary care.

It was agreed that failure to achieve quality targets will be added to BAF.

Work around quality premiums will be picked up by the Quality and Development Programme Board.

2.5.6 Dr Ashwin Shah asked for clarity on the Barts Health financial position, e.g. around PFI.

2.5.7 Steve Gilvin advised that Barts Health financial performance has been registered as a key risk. He noted that the NHS Trust development agency has overall remit for the sustainability of Barts Health, but that CCGs will play a key role.

It was agreed that a Board Development session will be arranged to look at Barts Health contract and the risks to Newham CCG in detail.

2.6 Francis Report
2.6.1 Chetan Vyas presented a report on the Francis Report to build on the update given at the February meeting of the Newham CCG Board and outline the next steps for Newham CCG in relation to the Francis recommendations.

2.6.2 In relation to recommendations for Commissioners, Chetan Vyas drew member’s attention to sections 5.0 and 5.1 of the report:

- All commissioning, service providers, regulatory and ancillary organisations should consider the findings of this report and decide how to apply them to their own work
- Their Governing Body leads on improving the quality of commissioning with the needs of patients and their families at its heart
- Implications of the Francis Report are reviewed and that commissioning approaches that drive up quality, major on patient safety and early identification of concerns are developed
- Approaches are developed for working closely with regulators and other agencies that hold information relating to the quality of health care delivery, whilst collaborating with the newly formed Quality Surveillance Groups.
- Patient groups and the public are involved in commissioning decisions and how these decisions are made more transparent
- Systems are in place to gather soft intelligence from organisations such as professional bodies etc.
- Systems are in place to make better use of quality accounts and ensure that these are quality assessed.
- Their vision and values support a positive, patient centred, safety and quality culture across the services they commission, with openness, honesty and candour inbuilt and applied within systems and processes.

2.6.3 Chetan Vyas advised that the Board was requested to approve the following:

- The nomination of a Newham CCG Board lead to take forward the delivery of the relevant commissioner related recommendations
- To receive an update in 3 months on the progress made in implementing the recommendations
- To seek assurances from CSU on how they are supporting NCCG in taking the recommendations forward
- To ensure that the Newham CCG Quality Strategy is aligned to the appropriate recommendations

2.6.4 Chetan Vyas proposed that Andrea Lippet be appointed as the Newham CCG Board lead in relation to taking forward delivery of the commissioner related Francis Report recommendations.

2.6.5 Janet Bell highlighted the need to look at issues around nursing in light of the report’s recommendations and without consideration to the standards set out in the NHS Constitution. She commented that this is an important opportunity to set standards for nursing and HCAs in our practices and volunteered to contribute to the work around delivery the recommendations for Newham CCG.

2.6.6 Dr Elizabeth Goodyear agreed that there needs to be clinical input and fully supported Janet’s Bells proposal to provide input from a nursing perspective.
2.6.7 Dr Rizwan Hasan also highlighted the issue of medical involvement and the particularly the disengagement of medical workforce in mid-staffs. He emphasised the risk of alienation and offered his input to the process from a secondary care perspective.

The Board approved Andrea Lippett as Newham CCG Board lead on the Francis Report work and agreed that Janet Bell and Dr Rizwan Hasan will support Andrea in this work to provide clinical input in terms of nursing and secondary care. All other agreement proposed agreed.

The Board noted next steps as outlined above.

2.6.8 Steve Gilvin said that the CCG needs to be clear about the role of each agency in looking at the quality of providers. He commented that GP practices cannot be expected to understand every standard providers must adhere to, but do need to understand the process to follow when patients feedback on problems. He acknowledged that the CCG needs to use this intelligence to monitor provider performance and assess risks.

2.6.9 Dr Zuhair Zarifa commented that General Practice as part of their duties also to note any adverse trends in providers of care to the patient population as well as managing individual patients complaints. He suggested that the Amber Alert form could also be used to log problems and trends.

2.6.10 Steve Gilvin said that the CCG needs to have its own way of assessing quality, without solely being reliant on other organisations assessment, e.g. the CQC

2.6.11 Dr Ambady Gopinathan requested that information on the Francis Report Recommendations around additional responsibilities for GPs be shared to GP Practices via the Newham Practice Member Council meeting.

Chetan Vyas to share details of recommended additional GP responsibilities with respect to the Francis recommendations through NCCG Council Meeting.

3. Strategic Items

3.1 Health and Wellbeing Strategy

3.1.1 Steve Gilvin presented the draft Health and Wellbeing Strategy developed by the Health and Wellbeing Group, and requested the Board to approve the document as submitted.

3.1.2 He notified members that the Health and Wellbeing Board has been meeting bi-monthly on a shadow basis and suggested that it may be helpful to have a more detailed future Board agenda item to cover in detail about how the Health and Wellbeing Board is operating.

The Health and Wellbeing strategy was approved by the Newham CCG Board as submitted.

Steve Gilvin to provide a progress report on CCG implementation of the Health and Wellbeing strategy.

3.2 Procedures of Limited Clinical Value
3.2.1 Steve Gilvin advised the Board that the PCT cluster, up to March 31st 2013, had a procedure to consider Individual Funding (IFR) requests. These assessments are being made weekly and Steve advised that Newham CCG needs a policy in place.

3.2.2 Steve Gilvin advised that the CSU quality team are in the process of making required changes and asked the Board for approval to adopt the old PCT POLCV policy on an interim basis for six months while these arrangements are finalised.

3.2.3 Dr Ambady Gopinathan registered a conflict of interest in regard to his role as a Minor Surgeon and suggested an amendment on page 12 of the POLCV policy to remove repair of totally split ear lobes as this is not allowed.

3.2.4 Dr Hardip Nandra said that the CCG need to be aware of the risk of creating a postcode lottery. He said that there needs to be joined up thinking with other local CCGs and suggested that the WELC Collaborative Strategy Group may be an appropriate forum for these discussions.

3.2.5 Steve Gilvin acknowledged Dr Nandra’s concerns and agreed that the WELC Collaborative Strategy Group could be used to look at a joint approach. He also pointed out that each CCG needs to take into account needs of each local population and that ultimately each board will take its own decision.

The adoption of the POLCV guidelines previously developed by the NHS North East London and the City Cluster were approved on an interim basis for six months.

4. Items to Note

4.4 Steve Gilvin notified members of one additional approval request regarding the requirement for the CCG to establish a remuneration committee (item 4.4.) to look at changes in the terms and conditions and pay of CCG staff.

He asked Board members to approve the setup of the Committee with the following membership:

- Chair: Andrea Lippett
- Members: Wayne Farah, Paul Hendrick, Dr Zuhair Zarifa, Steve Gilvin and Chad Whitton + one additional GP member.

4.1.2 Dr Ashwin Shah volunteered to join the remuneration committee as an additional GP member. Dr Elizabeth Goodyear suggested that this should be offered to GPs other than Board Members.

4.1.3 After discussion it was agreed that Dr Ashwin Shah will join the membership of the remuneration committee.

The Board approved the establishment of a Remuneration Committee for Newham CCG with membership as noted above.

The following items were noted:

4.1 Quality and Safety Handover
4.2 Sir Ludwig Guttman Health Centre

4.3 CCG Executive Minutes – meeting on 4 March 2013

4.4 Remuneration Committee

4.5 Audit Committee Verbal update - Meeting on 10\textsuperscript{th} April 2013

4.6 Any other Business

4.6.1 No matters were raised

5.0 Presentation

5.0.1 Steve Gilvin advised all present that the presentation and question and answer session would be cancelled with the agreement of all public attendees, as all members of the public in attendance were familiar with the CCG and in agreement that the presentation was not required.

5.0.2 On this basis Dr Zuhair Zarifa thanked everyone for their attendance, advised the next Newham CCG Board meeting will take place on Wednesday 8\textsuperscript{th} May 2013 and brought the meeting to a close.

End