**REPORT TO JOINT BOARDS**

**Date of Meeting:** 19th May 2011

**Agenda No:** 10.1

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<tr>
<th><strong>Title of Document:</strong></th>
<th>Minutes of NHS PCTs Public Board meetings</th>
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<tr>
<td><strong>Purpose of Report:</strong></td>
<td>Approval</td>
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<tr>
<th><strong>Report Author:</strong></th>
<th>Elaine Newton, Assistant Director, Corporate Affairs</th>
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<td><strong>Lead Director:</strong></td>
<td>Director of Comms and Corporate Affairs</td>
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**Contact details:**
Elaine.newton@smpct.nhs.uk

**Executive Summary:**
To approve NHS PCTs’ Public Board Minutes as follows, with completed actions where indicated:

- NHS Croydon 29.03.11;
- NHS Richmond 29.03.11;
- NHS Sutton and Merton 31.03.11;
- NHS Wandsworth 30.03.11.

**Recommendations:**
The Joint Boards are asked to approve the Minutes.
### NHS CROYDON BOARD MEETING IN PUBLIC

#### PART 1

**Held on Tuesday 29 March 2011**

in Maple Room, Fairfield Halls Park Lane, Croydon CR9 1DG

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<tr>
<th>Present</th>
<th>In Attendance</th>
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<tr>
<td>▪ Toni Letts, Chair</td>
<td>▪ Fouzia Basit, Deputy Director of Quality and Performance Improvement</td>
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<td>▪ Peter Boffa, PEC Chair</td>
<td>▪ Jessica Brittin, Programme Director Polysystems</td>
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<td>▪ Peter Brambleby, Director of Public Health</td>
<td>▪ Denis Cremin, Deputy Director Primary care Commissioning</td>
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<td>▪ David Fitze, Non-Executive Director</td>
<td>▪ Dudley Edwards, Croydon LINKs Rep</td>
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<td>▪ Tony Newman, Non Executive Director</td>
<td>▪ John Haseler, Assistant Director for Mental Health Commissioning</td>
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<tr>
<td>▪ Deva Ponnoosami, Non-Executive Director</td>
<td>▪ Mark Phillips, Deputy Director of Finance</td>
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<td>▪ Fouzia Basit, Deputy Director of Quality and Performance Improvement</td>
<td>▪ Amanda Philpott, Borough Managing Director</td>
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<td>▪ Jessica Brittin, Programme Director Polysystems</td>
<td>▪ Vasudha Rai, Interim Committee Manager</td>
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<td>▪ Denise Cremin, Deputy Director Primary care Commissioning</td>
<td>(minutes)</td>
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<td>▪ Dudley Edwards, Croydon LINKs Rep</td>
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<td>▪ John Haseler, Assistant Director for Mental Health Commissioning</td>
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<td>▪ Vasudha Rai, Interim Committee Manager</td>
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#### INTRODUCTION

1.1 **Chair's Welcome and Note of Apologies**

1.1.1 Toni Letts welcomed members of the public to the meeting. She advised that this would be the last Board meeting under its current structure and dates and venues of the future board meetings in public would be circulated once these were made available.

1.1.2 Apologies had been received from Bruce Stanford, Non Executive Director; Sue McLellen, Chief Operating Officer of the London Specialised Commissioning Group.

1.1.3 Toni Letts welcomed Amanda Philpott, NHS Croydon Borough Managing Director to her first NHS Croydon Board Meeting. She explained that Amanda had been Chief Executive at NHS Wandsworth since 2010, having been previously worked as Director of Corporate Affairs and Deputy Chief Executive. Toni Letts explained that Amanda had met with staff as well as a number of GPs and reassured the Board that one of her key priorities would be to build on current achievements, maintaining and improving services for patients wherever possible.

1.1.4 Toni Letts advised the Board that this was David Fitze’s, Bruce Stanford’s and Deva Ponnoosami last Board meeting, as they had decided to step down as Non Executive Directors. She thanked them for all their hard work and support over the years and wished them well for the future.
1.1.5 Toni Letts advised the Board that this was also Peter Boffa's last meeting. Peter Boffa had decided to step down as Chair of the Professional Executive Committee due to changes within his practice. Toni Letts thanked him for all his hard work and wished him well for the future.

1.1.6 The Board and members of the public thanked Toni Letts for her Chairmanship and guidance over the years.

1.2 Declarations of Interest

1.2.1 No declaration of interest was made.

1.3 Minutes of the meeting held on 22 February 2011 – TB11/0329/01

1.3.1 Subject to a minor amendment to 3.4.6 to say “might be morphing into a clinical cabinet type structure”, the minutes of the last meeting were agreed as a true and accurate record of the meeting.

1.3.2 Amanda Philpott explained that the minutes of this current meeting would be ratified at the next Joint Board but a copy of the minutes would be locally held.

1.4 Questions from the Public

Mr. Sarkar asked for clarifications in terms of what was currently happening and if he could be included in any future Board mailing lists. Mr. Sarkar also expressed concern on how members of the public would be looked after and the new organisations accountability to the public.

Peter Boffa explained that patients should not be expecting any change in care currently being provided. He explained that it was only how services would be commissioned that would be changing. He explained that 2 consortia had emerged to take the commissioning forward. One of the Consortia had achieved pathfinder status and it was expected that the other one would be granted pathfinder status shortly. He added that NHS Croydon was still responsible for commissioning health services for the borough but was also assisting GPs to understand the complex nature of commissioning.

Agnelo Fernandes explained that under the current proposals, PCTs still had a statutory duty until 2013. He added that pathfinders would be taking on delegated budgets and within the 2 Consortia. He added that patients should in fact be seeing an improvement in their care from GPs. He clarified that the aim of the pan Croydon consortia was to understand and learn about commissioning.

Peter Boffa agreed to send details of practices in terms of consortia to Mr. Sarkar.

Mr. Felberg was concerned that Croydon residents would not have a platform to influence health decisions should meetings be held in locations other than Croydon and wanted to know if there would be transport arrangements made for members of the public to attend Joint Board meetings held at other venues.

PBo
Peter Brambleby explained that local residents would now have 2 new opportunities to know what was happening in the borough. Firstly through consortia meetings and secondly through the Shadow Health and Well Being Board that would be held in public. These he explained would provide residents with the appropriate platform to influence healthcare in Croydon.

Toni Letts advised that she would write to the Cluster Chair to seek clarification and would respond to Mr. Felberg.

### OVERVIEW REPORTS

#### 2. Chief Executive’s Report – TB11/0329/03

<table>
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<tr>
<th>2.1</th>
<th>NHS South West London Appointments</th>
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<tr>
<td>Peter Brambleby reported that Sian Bates had been appointed as SWL Cluster Chair by the Appointments Commission. He explained that Sian had previously been the chair of NHS Richmond and Twickenham for 9 years and had been the Cluster Chair since its inception. Peter Brambleby added that Paul Gallagher had also been appointed as Chair of the Audit Committee. Peter Brambleby advised that Paul had previously been the chair of the Audit Committee at NHS Kingston.</td>
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<th>2.2</th>
<th>New Managing Director for NHS Croydon</th>
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<td>Peter Brambley advised that Amanda Philpott had been appointed as the Managing Director of NHS Croydon. He explained that Amanda started her new role on 28 February 2011. He explained that her priority would be to lead the local work for Borough and a small team of commissioners focusing on the needs of the borough’s population, supporting the Health and Wellbeing Board as well as the Public Health transition. Peter Brambley advised that one of Amanda’s key priorities was to build on current achievements, maintaining and improving services for patients wherever possible. Peter Brambley drew the Board’s attention to the senior appointments for the South West London cluster.</td>
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<th>2.3</th>
<th>Interactions with the Local Community</th>
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<td>Peter Brambley advised the Board that, Ann Radmore, Cluster Chief Executive had arranged to meet with the Chief Executive of the Croydon Council, with the Borough Managing Director, Joint Director of Public Health and GP Consortia Leads for Croydon. It is hoped that this meeting would provide a useful opportunity to focus on Croydon specific issues, and how various stakeholders would work together in future.</td>
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<th>2.4</th>
<th>Public Health Update</th>
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<td>Peter Brambley explained that work was underway to manage the transition by integration of the Public Health department into the council through a section 75 agreement under the NHS Act (2006). He advised that a memorandum of understanding has been shared with the emerging GP Consortia and work was underway to specify public health support for the cluster and borough commissioning functions. He explained that a project working group had been convened to develop the process of integration and a project</td>
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manager had been appointed for the 3 months to develop an implementation plan. He advised that a draft proposal for the transfer would be taken through the new cluster governance process during April/ May 2011.

2.5 Health and Well Being Board
Peter Brambleby reported that the shadow board would be meeting on 7 April 2011. He added that Croydon had been invited by the Department of Health to join the national network of early implementers for Health and Wellbeing Boards. He added that the Borough would also be taking part in the London Health and Wellbeing Board learning network.

2.6 2011/2012 Joint Strategic Needs Assessment Process
Peter Brambleby reported that the Croydon Joint Strategic Needs Assessment had now been published, however due to the current economic climate a limited number of copies had been published. He advised that most libraries would have a copy of the document and a link to the whole document was also available online.

Peter Brambleby commended Steve Morton’s work on the Joint Strategic Needs Assessment 2011/12. He reported that nationally it had been recognised as a model of good practice. He advised that the government’s intention was that formal responsibility for producing a JSNA would lie with the GP Consortia and the Local Authority after 1 April 2011.

Peter Brambleby informed the Board that the Annual Report of the Director of Public Health had also been published and was available for members of the public.

2.7 Looked after Children’s Policy
Peter Brambleby advised that the Looked after Children’s Policy was reviewed by the Professional Executive Committee in January 2011 and was expected to be presented to the March Board. He reported that the policy would be signed off at the May Joint Cluster Board, following the final agreement of the Croydon Community Health Services contract for 2011/12.

2.8 Purley Phase II
Peter Brambleby reported that Phase II of the Purley Hospital redevelopment consisted of a major upgrade to deliver a fully integrated health and social care facility from 2012. He advised that in line with strategic plans for health services on Purley Hospital site, the range of services currently delivered could be extended to include other prioritised services. Phase I was agreed in January 2011 by the Sponsor Group and Board, and was being implemented with practical completion due by 31 March 2011 and the urgent care service implemented from April 2011.

Peter Brambleby reported that an initial appraisal of the Phase 2 options had been conducted, including an analysis on the schedule of works, costs, risks, issues, timing and deliverability of each option.
The Strategic Health Authority have been briefed by the PCT on the Phase 2 proposals for Purley and have been given their ‘in principle’ support to the strategic case.

2.9 Use of Trust Board Seal
Peter Brambleby reported that the Trust Seal was used on 8 March 2011 as agreed by a Chair’s Action. The seal was used for contract relating to APMS contract for the Solutions 4 Health smoking cessation service.

2.10 Toni Letts thanked Peter Brambleby for the report and commended the Annual Report of the Director of Public Health as a good legacy document. She invited Amanda Philpott to say a few words by way of introduction to the Board.

2.11 Amanda Philpott thanked the Board for the welcome that she had received so far. She commented that she was still learning about Croydon but had been pleased to meet people working in partnership. She explained that she has always been impressed with close working relationship with the council and the best use of financial resources. She commented that she was pleased that the Croydon Community Health Services’ integration with Croydon University Hospital went well and explained that this would allow the agenda for Care Closer to Home to proceed ahead thus improving access to care for patients.

Amanda Philpott explained that her main focus was on GP Consortia establishment making sure GPs were involved and supported. Her role would also be to ensure the Croydon Borough team was sustained and sustainable going forward as well as ensuring a strong grip on finances was maintained.

3. Strategy and Forward Planning

3.1 Operating Plan 2011/12 – TB11/0329/04

3.1.1 Fouzia Basit explained that the Operating Plan paper detailed the priorities for Croydon for the 2011/12 period. She advised that NHS Croydon was required to deliver a 1.5% surplus and this was set out in the operating plan. This was mainly to be achieved and delivered through Care Closer to Home initiatives. There were sufficient plans for 2011/12 to make savings based on the year 2 of the 5 year strategic plan, which have GP sign up.

3.1.2 Fouzia Basit advised that vascular health checks could now be submitted. She advised that the updated operating plan would be finalised and circulated.

The Board approved the Operating Plan priorities for 2011/12 and noted the financial position.

3.2 Budget Setting Update – TB11/0329/05

3.2.1 Mark Phillips introduced this report for the Board. He advised that the report was an update from the paper discussed at the last Board
meeting. He advised that a surplus of £8.3m for the next financial year has been set by NHS London. He advised that already money had been saved through effective contract negotiations.

3.2.2 Mark Phillips advised that the top slice to fund national cancer drugs had happened prior to allocations to PCT and therefore no longer needed to be reflected within the budgets. He explained that costs such as pharmaceutical referral costs needed to be finalised.

The Board thanked Mark Phillips for the report and agreed the update to the 2011/12 budgets as outlined within the report.

4. Commissioning

4.1 Mansell Project Capital Grant – TB11/0329/06

4.1.1 Mark Phillips explained that in 2008, the Board agreed to provide a capital grant to the London Borough of Croydon for the provision of supported living units for the Learning Disability Clients. He explained that this project had been delayed and the Board was being asked to grant an extension to this grant so that it could be put back out to tender.

4.1.2 Mark Phillips explained that the London Borough of Croydon reported to NHS Croydon Board and the Board could ask that the reports were audited to ensure that the money was being utilised effectively.

The Board agreed to an extension of the application of the grant to 31 December 2011.

4.2 Investment of Re-ablement and Winter Pressures funding 2010/11 – TB11/0329/07

4.2.1 John Haseler advised that the Department of Health had made available additional funding in 2010/11 and in the following 2 years for re-ablement and winter pressures to be invested in line with agreed strategic objectives. He advised that NHS Croydon had received an allocation of £437,000 for investment in 2010/11. An additional £929,000 had been made available to support social care.

4.2.2 John Haseler advised that the PCT had agreed a section 256 agreement to transfer funds to Croydon Council, to meet the rising costs of winter pressures funding.

The Board approved the report and the section 256 agreements for implementation and the use of the Trust Seal.

4.3 Pharmaceutical Needs Assessment– TB11/0329/09

4.3.1 Dennis Cremin advised that legislation passed in May 2010 required the publication of a Pharmaceutical Needs Assessment by 1 February 2011. The Pharmaceutical Needs Assessment was published on 1 February 2011 with the caveat that it was pending Board approval.

4.3.2 David Fitze commented that it was important to have enough pharmacies open until late for cover across the borough especially to provide urgent care. He added that it was important that this was
mapped on to the polysystem, and care closer to home work streams.

**The Board approved the final version of the Pharmaceutical Needs Assessment.**

### 4.4 Waste Disposal Contract – TB11/0329/10

#### 4.4.1

Peter Brambleby advised that Board was being asked to agree the provision of the waste disposal contracts for GPs to a safe, legal compliant and London Wide contract, part of the London Procurement Programme for non compliant management systems. He advised that current waste management practices amongst General Practices did not comply with legal requirements. He explained that the management of the disposal contractor was the responsibility of the individual practice that may not have the awareness of their obligations. He explained that by entering into new agreements under the London Procurement Programme, the Trust would be continuing to maintain standards against current legislation, as well as gaining access to more competitive rates and to more flexible waste solutions.

#### 4.4.2

Peter Brambleby explained that to facilitate NHS Authorities in gaining compliance and best value for money, the London Procurement Programme undertook a tendering exercise to develop a framework to agree between successful waste management contractors and participating NHS Trusts. Croydon PCT had agreed to participate in this tendering exercise.

**The Board agreed and approved the changes to the provision of the waste disposal contracts for NHS Croydon general practitioners.**

### 5. Governance and Assurance

#### 5.1 Finance Report, Month 10 – TB11/0329/11

#### 5.1.1

Mark Phillips introduced this report to the Board. He advised that the Acute position had worsened, however the PCT was on track to meet its financial targets. He advised that the Acute Commissioning Unit has been helpful assisting with inter hospital transfers. He re-assured that there were currently no major arbitrations impending.

#### 5.1.2

Mark Phillips advised that a few number of staff from the Finance Team would be staying on until June to close the accounts.

**The Board approved the recommendations of the Finance report.**


#### 5.2.1

Denis Cremin introduced the report. He advised the report highlighted the progress and actions taken by the Safeguarding Children Professionals in NHS Croydon and it reflected the key achievements and challenges. He added that the report highlighted the existing robust safeguarding systems already in place across NHS Croydon along with identifying areas for improvement where safeguarding arrangements needed to be strengthened.

#### 5.2.1

Julie Adesanya reported that training has been well attended by GPs.
She commented that although she would not do anything fundamentally different, she would encourage more training on a rolling basis.

5.2.3 Julie Adesanya advised that there would be an Ofsted inspection shortly. She added that interviews would be carried out with focus groups as well as audits of cases as identified by Ofsted prior to the inspection. The date had not yet been agreed. 2 week’s notice would be given.

The Board thanked Julie Adesanya and Denis Cremin for their report and approved the 2009/10 Safeguarding Children's Annual Report.

5.3 3 Cancer Screening Programme – TB11/0329/14

5.3.1 Peter Brambleby introduced this report for the Board. He advised that the breast screening service had achieved 69.8% coverage in 53 - 70 year olds in Croydon during 2009 -10. He advised that this was slightly below target. He advised that there were actions in place to sustain and improve coverage, particularly among low uptake communities.

5.3.2 Peter Brambleby advised that the cervical screening service did not reach the national standard of 80% coverage in 2009-10. However he added that the service met the Care Quality Commission standards of 70%/75% and the latter noted the continued efforts being made to improve coverage in low uptake groups. He advised that a good level of performance was being sustained in 2010-11.

5.3.3 Peter Brambleby commended the progress made during the first year of the second bowel cancer screening round in Croydon and the continued efforts to improve coverage in the borough. He advised that the screening was being carried out collaboratively with St. Georges NHS Trust. He explained that a social marketing exercise targeting men would be beneficial.

The board noted the reports.


5.4.1 Fouzia Basit presented the Integrated Performance Report to the Board. She advised that there were no significant changes from the February Report. She added that £4m has been identified as saving from the Operating Plan. She explained that the current Integrated Performance report focused on Organisational Development which continued to progress well.

5.4.2 Tony Newman commented that the team had a good understanding of challenges; he commended the good progress made and was clear on the way forward.

The board approved the recommendations

5.5 Assurance Framework and Key Risks – TB11/0329/16
Fouzia Basit introduced this report for the Board. She advised that there were currently no major risks on the risk register. Finance had been identified as a risk, which needed to be monitored until the formal accounts had been signed off. She advised that there were currently plans in place for managing the transition. Internal Auditors had provided their assurance on the Board Assurance Framework.

Jessica Brittin advised that a formal report was to be expected from Croydon University Hospital NHS Trust on a range of action the Trust was taking on patient experience issues. She added that a patient experience manager had been appointed.

The Board discussed and noted the Assurance Framework and key risks.

**Whistle Blowing Policy – TB11/0329/17**

Fouzia Basit explained that the Policy had been amended and updated in line with current legislation and best practice.

The Board approved the Whistle Blowing Policy.

**Registration Authority Policy – TB11/0329/18**

Mark Phillips explained that the Policy had been reviewed and amended to meet the most up to date standards and requirements. With the introduction of the NHS Care Records compliant applications, it was of paramount importance that NHS patients were confident that their medical records were kept secure and confidential. To achieve this objective all healthcare staff requiring access to NHS Care Records Service compliant applications be registered with a smartcard and have appropriate access profiles. He advised that the registration policy sought to regulate the terms and conditions for issuing the smartcards.

The Board approved the implementation of the policy.

**For Information**

The Board noted the minutes of the Performance Committee meeting held on 15 February 2011 and minutes of the Quality and Governance Committee held on 19 January 2011.

The Board endorsed the Chair’s Action taken in relation to:

1. Delegation of Powers to Borough Director
2. Delegation of Powers to Deputy Director of Quality and Performance Improvement
3. Delegation of Powers to Deputy Director of Primary Care
4. Parkway and Woodside Capital Schemes, signing of contracts
5. Signing and Executing Deeds of variation and contracts with Foundation Trusts and Independent Sector Providers
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<td>6.</td>
<td>APMS Contract: Solution 4 Health delivering 500 4-week smoking quits on a pay per quit basis in 2011-12</td>
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<td>7.</td>
<td>APMS Contract: Brighton Integrated Care Service</td>
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<td>6.5</td>
<td>Paediatric Congenital Cardiac Surgery - Consultation</td>
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<td>The Board noted the consultation on the Paediatric Congenital Cardiac Surgery.</td>
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<td>7.</td>
<td>ANY OTHER BUSINESS</td>
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<td>7.1</td>
<td>There was no other business to discuss.</td>
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NHS Croydon is the operating name of Croydon Primary Care Trust.

Signed _______________________________ Date _______________
1 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE
The Chairman welcomed all those present to the 62nd meeting of the NHS Richmond Board, in particular to Ann Radmore and Jill Robinson.

Apologies for absence were received from Deirdre Mackinlay and Cllr Nicola Urquhart.

2 DECLARATION OF INTERESTS IN RESPECT OF ITEMS ON THE AGENDA
- Sian Bates: SW London Joint Committee of PCTs (JCPCT).
- John Simpson: SW London Joint Committee of PCTs (JCPCT) and item 12 - Whitton Health & Social Care Financial Close (H&SCC)
- John Thompson: Non-Executive Director on the London Specialist Commissioning Board
- Dr Parvin Bhatia: Any issues pertaining to Hounslow & Richmond Community Healthcare (HRCH).
- Dr Marilyn Plant: Any issues pertaining to Richmond Pathfinder Consortium

3 MINUTES OF 15th FEBRUARY 2011
The Minutes were approved as a correct record and would be signed by the Chairman.

4 MATTERS ARISING
Page 5: Dominic Wright confirmed that communication regarding implementation of the transitional arrangements including the main points of contact in the borough team would shortly be communicated to GP practices.
Page 7: Sian Bates confirmed that Charlotte Gawne, SW London Cluster Director of Communications and Corporate Affairs would be setting up a meeting with Bonnie Green to discuss Patient and Public Involvement.

Page 7: Dr Plant confirmed that the terms of reference for the Clinical Commissioning Committee would be reviewed at the next meeting.

Page 9: Ann Radmore confirmed that the amended wording to the CSL establishment had been actioned. Discussion is currently ongoing in relation to the future development of the health intelligence remit.

There were no other matters arising.

5 ITEMS TAKEN IN PRIVATE ON 15TH FEBRUARY 2011

There were no items taken in private on this occasion.

6 REPORT FROM THE CHAIRMAN AND NON-EXECUTIVE DIRECTORS

The Chairman reported that in line with the transitional changes in SW London, this would be the last Board meeting of NHS Richmond in its current format. Future meetings would be held as Joint Boards of NHS South West London.

Congratulations were extended on behalf of the Board to Richard Tyler who following a recent recruitment and selection process conducted by NHS London had been successfully appointed as the new Chief Executive of Hounslow & Richmond Community Healthcare Trust.

The Board noted this report.

7 Audit Committee Chair Report

John Simpson confirmed that since the last meeting the Audit Committee had met on 25th March and had focused on reports from the external auditors, internal auditors and on counter fraud. There would be extra vigilance in the area of counter fraud over the coming months and any concerns should be reported to Jill Robinson.

8 PEC CHAIR’S REPORT

Dr Marilyn Plant updated the Board on the progress and development of clinical commissioning. The Board was pleased to note that the recent application for the Richmond Pathfinder Consortium had been approved by the Department of Health. A key objective outlined in the application was support for local community service provider Hounslow & Richmond Community Health to achieve Foundation Trust status by working collaboratively to develop out of hospital pathways of care with particular emphasis to be placed on avoidance of unnecessary admission.

The structure reflects the work of GPs in practice based commissioning developed over a year ago with the borough. This will enable the Clinical Commissioning Committee to become fully operational with the additional inclusion of membership from non-executive directors.

Both localities are engaged with the QIPP and are developing delivery proposals and identifying GP programme leads.
There have been three organisational development workshops involving all GPs which have covered data analytics, unplanned care and budget setting. The aim of these has been to develop strategic capability within the wider GP community.

The current key risk is capacity and support is being made available to clinicians to develop implementation plans with a new approach to management to ensure this can be translated into delivery.

The Board noted the Department of Health’s publication which set out the likely functions of a consortium which included duties to co-operate with a range of key stakeholders.

Dr Plant also updated the Board on the development of out of hospital services at the Richmond end in relation Queen Mary’s Hospital Roehampton following previous concerns. A new joint commissioning board led by GPs from west Wandsworth and Richmond is now in place.

A development process is underway to improve involvement of GPs and other practice staff in the delivery of QIPP.

Dr Plant gave an overview of the range of initiatives progressing at South West London cluster in support of clinical commissioning which included, the clinical transition group, clinical quality review group, clinical cabinet and collaborative working by Pathfinders to support the Acute Commissioning Unit.

An update was also given on the liaison undertaken with colleagues in North west London including support relating to commissioning of the London Ambulance Service across London.

The Board noted the review of Children’s Congenital Heart Services in England and the forthcoming public consultation.

Bonnie Green asked about the accountability of GP consortia and the views on the guidance relating to delegation both now and after 2013.

Ann Radmore responded by reminding the Board that as the Health Bill was currently going through Parliament, it was possible that there could be resultant changes which would need to be implemented. However the current phase was the Pathfinder and implementation of the Consortia phase would not be fully completed until PCTs were abolished. Therefore the accountability for budgets still lies with PCTs who are working in partnership with clinicians.

Dr Plant also confirmed that the Clinical Commissioning Committee is GP led with wide representation. Pathfinders were not organisations but are developing the skills and capability to become future consortia.

Sian Bates asked whether any further progress had been made in forging links with Imperial NHS Trust.

Dr Plant indicated that this has been challenging however informal networks were proving more effective.

Ann Radmore confirmed that these challenges had been raised formally with North West London cluster. Jill Robinson and the Director of Finance at North West London were working together to ensure that headway would be made.

The Board noted the PEC Chair’s report.
### HOUNSLOW & RICHMOND COMMUNITY HEALTHCARE NHS TRUST – ESTABLISHMENT AND DRAFT TRANSFER ORDER

Ann Radmore presented the report which advised the Board of the establishment of Hounslow and Richmond Community Healthcare (HRCH) NHS Trust with effect from 1st April 2011. It was acknowledged that this was the culmination of an ongoing process which spanned over the last three years and has continued to have overwhelming support from all key stakeholders in both Hounslow and Richmond.

In line with Department of Health Transforming Community Services policy HRCH is among a group of seven community health service providers due to become established as community trusts in 2011/12.

The establishment order for Hounslow and Richmond Community Healthcare NHS Trust was published as Statutory Instrument 2011 No. 799 on 14th March 2011 and was appended to the report.

A robust business transfer agreement has been put in place which has turned local intentions into an agreement that was satisfactory for both the new Trust and the PCT. The full transfer order schedules and transfer agreement contain a number of commercially confidential details. Copies of these documents are available to Board members on request.

The final details in the schedules and transfer agreement were still subject to discussion at the time of the meeting and the Board was asked to agree to delegate sign off following finalisation of any outstanding details to the Director of Finance in consultation with the Chair of the Audit Committee and the Chair of the Finance and Commissioning Strategy Committee.

John Thompson clarified that this is the establishment of HRCH as a Community Trust and not a Foundation Trust.

Ann Radmore added that HRCH NHS Trust would need a year to become established as a standalone organisation before applying to Monitor to become a NHS Foundation Trust (FT). The FT assurance process would be just as robust as the DH process but would include a further level and would be based on a track record as an efficient and effective standalone organisation.

The Board received the Establishment and Draft Transfer Order and noted the position of the transfer order schedules and transfer agreement. The Board gave formal approval of the Establishment and Transfer Order and delegated final authority for sign off prior to the 31st March 2011 to the Director of Finance in consultation with the Chair of the Audit Committee and the Chair of the Finance and Commissioning Strategy Committee.

If sign off was post 31st March, the delegated responsibility would transfer to the SW London Cluster Chair, SW London Cluster Audit Committee Chair and the SW London Cluster Director of Finance.

### COMMUNITY ESTATES TRANSFER

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**Attachment C**

**Attachment D**
Ann Radmore presented the report which considered the latest guidance from the DH and NHS London which had been used as the basis for specific recommendations for sites to transfer to Hounslow and Richmond Community Healthcare NHS Trust.

The PCT currently owned the estate held on behalf of the Secretary of State. In accordance with the current guidance properties to be transferred to community Trusts had to be identified by the 31st March 2011. In reference to page five of the report Ann Radmore confirmed that the “estate to transfer would include all critical clinical estate where the aspirant community foundation trust was the major occupier”.

The sites that met the criteria set down in guidance were identified as:
- Centre House (leasehold)
- Ham Clinic (freehold)
- Richmond Rehabilitation Unit (freehold)
- Richmond Royal (leasehold)
- Teddington Health and Social Care Centre (freehold)
- Teddington Memorial Hospital (freehold)

Legal due diligence is taking place carried out by Capsticks solicitors and HRCH have retained E C Harris Built Asset consultants to provide technical due diligence.

Discussions have taken place with the Teddington Memorial Hospital (TMH) League of Friends who had raised two issues. The first concern related to the future of TMH and the second related to their desire to be involved in mechanisms relating to planning for TMH. Ann confirmed that plans were in progress for HRCH to develop a Memorandum of Understanding about the use of TMH and that this would include the League of Friends.

John Simpson asked which other parties would be included in the memorandum of understanding.

Richard Tyler confirmed that the other parties would include the League of Friends, the Local Authority, GPs and Health Watch and this would be extended as necessary.

Cathy Kerr indicated that the Local Authority had been involved in these discussions and supported the approach of the Memorandum of Understanding.

Charles Humphry asked whether the future of TMH ownership would remain the same when HRCH became a Trust.

Ann Radmore confirmed that the ownership would remain the property of the Secretary of State.

Bonnie Green confirmed that Richmond LiNK was also supportive of the approach and that HRCH would be best placed as owners. Bonnie also asked whether identifying specific sites would make a difference if there were to be changes to the current health legislation which was passing through Parliament.

Ann Radmore responded by confirming that the current requirement was to confirm with the Department of Health and NHS London the sites that would transfer to HRCH. If there were any subsequent changes to the legislation once this has passed through Parliament then HRCH would be required to implement any such change at that time.
With agreement of the Board, Sian Bates made an exception to take the public question from Mr Francis King at this stage in the meeting due to its relevance.

Mr King who had previously submitted his question in writing, made representation in relation to the postponement of the transfer of Teddington Memorial Hospital and the other identified properties of NHS Richmond and NHS Hounslow to HRCH until the enactment of the Health Bill which is currently going through Parliament.

Mr King also noted that the transfer order was still draft and therefore should be referred to as a draft transfer order. He also noted that the guidance from the Department of Health and NHS London is guidance and not a directive and that transfers do not have to take place until September; and that Dr V Cable had written to the Health Secretary about the review of the Health Bill. Mr King requested that the Board defer its decision to transfer TMH until the Health Secretary responds to the current review of the Health Bill.

In responding to Mr King, Ann Radmore confirmed that NHS SW London or NHS Richmond had not been party to the correspondence from Dr Cable and would be following the guidance from the Secretary of State and the DH. If there is a request from the Secretary of State then NHS SW London and NHS Richmond would be informed. However the estates transfer will not change the ability of the Secretary of State to have influence over the land or TMH.

Sian Bates confirmed that the Board had noted the concerns raised by Mr King.

In addition Mr King requested that it be noted that the voluntary sector had made significant financial contributions to TMH and that this should not be forgotten.

Ian Maxwell confirmed that the financial contributions of the voluntary sector to TMH had been well documented in the financial records. He also confirmed that in his time as Director of Finance the TMH estate had transferred to NHS organisations on at least two occasions under his stewardship and that this had no detrimental effect to the future ownership.

The Board received and accept the guidance from the Department of Health and NHS London.

In line with DH policy that “critical clinical infrastructure required to support services being transferred under Transforming Community Services to aspirant Community Foundation Trusts is made available to them”, the Board approved the transfer of the following sites:

- Centre House (leasehold)
- Ham Clinic (freehold)
- Richmond Rehabilitation Unit (freehold)
- Richmond Royal (leasehold)
- Teddington Health and Social Care Centre (freehold)
- Teddington Memorial Hospital (freehold)

The Board Approved the sign off of the estates components of the draft transfer order schedules and delegated completion to the Director of Finance in consultation with the Chair of Audit and the Chair of Finance & Strategy to the 31st March 2011.

If the sign off were to take place after this date the delegated responsibility would transfer to the SW London Cluster Chair, SW London Cluster Audit
The Board also approved the proposal that HRCH NHS Trust develop a Memorandum of Understanding with key stakeholders relating to the future development of services at Teddington Memorial Hospital.

11 QUALITY, INNOVATION, PRODUCTIVITY & PREVENTION (QUIPP)

Dominic Wright presented the report which outlined the vision and mission of the Richmond QIPP Plan including the approach of addressing clinical efficiencies and the development of innovative out of hospital care pathways to improve quality and patient experience. The process and progress provided an update and focus on GP clinical leadership and a summary of delivery arrangements for the implementation of the QIPP Plan.

It was noted that the local borough will be responsible for delivery with a cluster approach where we will be held to account for delivery. This would be a challenging and iterative process.

Dagmar Zeuner confirmed that GP leadership was crucial as was the integration of health and social care to align out of hospital services.

Cathy Kerr indicated that the Local Authority was continuing to work hard to get the arrangements right in accordance with the new structure and that the Clinical Commissioning Committee had already assumed the responsibility for local monitoring.

Dominic assured the Board that the plan had been discussed extensively at the last Finance and Commissioning Strategy Committee and with the Joint Management Team.

The Board noted the report.

12 SERVICE LEVEL AGREEMENTS (SLA) FOR 2011/13 – PROGRESS REPORT

Dominic Wright presented the report which represented the latest proposed 2011/12 SLA positions across the Richmond and Twickenham Acute portfolio as at 14th March 2011.

Whilst it was expected that agreement would be achieved with trusts within south west London, significant concerns remained in concluding arrangements with north west London providers; namely Imperial and West Middlesex.

Ann Radmore confirmed that Jill Robinson was continuing her work with the Director of Finance at NHS north west London and a process of mediation was the likely next stage.

Sue Jenkins enquired about the proportion of the contract with Imperial and whether there were other options.

In response Marilyn Plant indicated that because of choice Imperial attracts a positive market share. However, plurality gives choice and competition.

Parvin Bhatia confirmed that for some specialities like neurology and cardiology some patients choose Imperial.

Ann Radmore indicated that we must do all we can to ensure that our contracts
work. It may mean that in Richmond greater levels of contingencies are held due to the contracting process and the over performance in north west London.

The Board noted the report including the risks.

13 **WHITTON HEALTH AND SOCIAL CARE FINANCIAL CLOSE**

Ian Maxwell presented a final update on the programme to financial close on the basis that all the documents had been agreed according to the programme and that NHS London had responded positively on the issue of document signing.

The following issues were highlighted as those which had prevented the scheme proceeding to Financial Close:

Part of the property arrangements being entered into by LIFTCo was altered by a third party, with the need for a consequent change to the Planning Approval, which required a further period of consultation. This period had now expired.

The scheme had also encountered new NHS Directions that required:

a) NHS London endorsement of the PCT Board’s approval, following the removal of Delegated Approval Limits. This was provided on 14.02.11. The scheme is only approved subject to its reaching Financial Close before 31.03.11.

b) NHS London’s agreement that the PCT was permitted to sign property documents, following DH requirements issued 16.02.11.

Changes in authorised signatories resulting from the reorganisation of PCT functions.

The following risks have been removed from the scheme:

- The PCT achieved the sale of the former Whitton Clinic on 20.12.10.
- The Council’s Cabinet Approval was given on 06.12.10.
- The LIFT Company and its supply chain have agreed to hold prices intended for a Financial Close in October 2010 until the end of the financial year.

On behalf of the Board Sian Bates extended her thanks to Cathy Kerr and Ian Maxwell for ensuring the local authority process was able to meet the required deadlines and for seeing this project through to completion.

The Board noted the progress achieved and confirmed its earlier approval to proceed to Financial Close on this scheme.

**B PERFORMANCE**

**14 PERFORMANCE AND QUALITY ASSURANCE REPORT**

Trisha Roe presented the report which provided the Board with assurance that the organisation is striving to meet its requirements, including strategic objectives, national and local targets for quarter four.

The underperforming indicators brought to the Board’s attention were mainly in the public health areas and covered childhood Immunisations: Proportion of individuals who complete immunisation by recommended ages, Chlamydia screening (as a proxy for Chlamydia prevalence), number of drug users recorded as being in effective treatment, teenage pregnancy rates per 1000 females aged 15-17, category B calls meeting 19 minute standard and 18 weeks referral to treatment waits for admitted patient care.

Dr Dagmar Zeuner provided further detail to the Board to give assurance on the
actions being undertaken to improve the indicators on each individual area as follows:

Childhood Immunisations: This is high on the agenda and the actual susceptibility is not poor. The underperformance relates to data transfer and work is ongoing with HRCH to resolve the outstanding issues.

Chlamydia: Investment has been made in the area of outreach and the future focus will be on testing high risk groups rather than universal screening in addition to forthcoming changes in screening services.

Drug users: Following research undertaken by Glasgow University it was queried whether the current target is in fact achievable even though resources have been put into outreach services. Treatment plans from the drug and alcohol services are good.

Teenage pregnancy: The numbers in Richmond are very low compared to the national data. Of the very low numbers locally the abortion rate among this group are high due to personal choice and therefore rates would remain low.

Commenting about the teenage pregnancy target, Dr Marilyn Plant welcomed the approach of the public health team in this area.

Sian Bates welcomed the detail about improving performance; however there was some frustration about public perception as other PCTs do not appear to be experiencing the same problems particularly in the area of data collection.

Dr Zeunor confirmed that this work is ongoing and sustainable solutions will be found and work will continue to resolve the data issues with HRCH.

In relation to the LAS Cat B, Sian Bates asked whether this was comparable to other areas.

Dominic Wright confirmed that he would ascertain the current position and update the Board on this area in future.

The breaches in the 18 weeks target related to individual cases; one at St Georges and one at Kingston Hospital. These are being followed through with remedial action being taken.

Referring to page four in the report Bonnie Green noted that there were no quality scorecards from the ACU on this occasion.

Ann Radmore confirmed that the data had been produced and the detail was available at the ACU operational board meeting.

Trisha Roe commented that in the past the scorecards had lacked the level of detail required to assure the Board on specific areas.

In response Ann indicated that this would need to be reviewed by the ACU and that going forward a decision as to where the detail should be shared. It may be that this would be more appropriate in the clinical review groups. The reports already available from Quarters 3 and 4 should be circulated to board members.

The Board noted the report.
Dominic Wright presented the report which highlighted acute over performance at the end of month 10 but which had stabilised due to advanced settlements of outturn positions at Kingston and West Middlesex. The range of remedial actions put into effect by the sector Acute Commissioning Unit (ACU) supplemented by local NHS Richmond and Local Authority commissioning initiatives including the use of BUPA Health Dialogue have had an impact on reversing the rate of growth. These actions are being included in the routine ACU business operation going forward.

Developments in mental health services included agreement of the 2011-12 contract with SWL&StG’s which includes service improvements that will come on line in 2011-12 in respect of a new Memory Assessment service/function for Richmond patients that will pick up earlier diagnosis of Dementia, offer interventions and provide support for newly diagnosed sufferers as well as up-skill service users and carers in supporting clients with Dementia.

Following the selection of Moorfields as the new community ophthalmology service provider operating from Teddington and Queen Mary’s Roehampton the Trust is working with both St Georges and HRCH in the respective Hospitals to ensure rapid and smooth mobilisation of the new services. The new clinics at Queen Mary’s Roehampton have gone live and will be followed shortly by those at Teddington Hospital from late March to April 2011.

The Government has made available additional funding to help PCTs and local authorities improve the management of patients requiring intensive support upon discharge from hospital.

PCT and Local Authority Directors, through the Joint Management Team, have put significant energies into ensuring QIPP schemes connect with the wide range of local schemes around Prevention (the second P in QIPP), with a specific focus on developing re-ablement services.

Parvin Bhatia requested that as part of communication about end of year achievements to practices the GP portal and the launch of ophthalmology service should also be included.

In reference to the cover sheet of the report Bonnie Green indicated that she looked forward seeing the outcome of Equality Impact Assessments relating to this work.

**The Board noted the report.**

**MONTH 11 FINANCE REPORT**

Ian Maxwell presented the report which confirmed that the latest figures from the ACU included in this forecast suggested that the acute over performance had remained steady since previously reported to the board at Month 9. The main reason for the position is the settlement of SLAs at West Middlesex and Kingston and the remaining forecasts continuing to be steady.

It was now the case that almost all of the PCT’s reserves have been played into the financial position to offset the increasing operational overspends primarily on Acute services.

As previously reported, the PCT is continuing to forecast the achievement of the planned 1% surplus, however given the year end settlements and remaining
Within the non-acute commissioning portfolio, there are a number of risk areas. There is currently a £905k underspend on Mental Health. The major reason the position has improved since previously reported follows clarification of the expenditure on Dementia and Improving Access to Psychological Therapies not occurring.

The overspend against the Continuing Care budget has steadied over the last two months.

For the Month 11 Prescribing position we are currently forecasting a £265k underspend against the prescribing baseline. The forecast includes Category M adjustments. The position is further improved by the unused £650k contingency. The current position is based on Month 9 PPA data. Based on the trends in previous years and also this year to date we are hopeful that this position will hold until year end.

Sue Jenkins enquired about the pressure on patient transport services noted on page 7 of the report. It is believed the service is currently underutilised and there were plans to increase publicity about the service.

Bonne Green confirmed that the publicity will be co-ordinated with local groups and agreed that the content would also encourage the use of alternative options.

On behalf of the Board Sian Bates gave a vote to thanks to Ian Maxwell as this was his last Board meeting. During his time at Richmond he has ensured that our finances were very well managed.

Ian paid tribute to Peter Edwards and the sector finance team for their work with north west London.

The Board noted and approved the financial position at Month 11, along with the associated risks and continued work of PCT managers to achieve service targets and secure the stated control and approved position.

NHS Richmond’s Finance & Commissioning Strategy Committee
Chairman’s Report

John Thompson reported that the Finance and Commissioning Strategy Committee met on 8th March 2011 and considered the business case in relation to the Park Road Practice. Due to the different objectives and the potential recurrent costs, it was agreed that a separate meeting should be convened by a sub-committee to review the proposal in more detail.

The sub-committee meeting was held on 22nd March and included representation from the LMC, NHS Richmond and GPs from both localities. After due consideration of the case the committee concluded that:

- The business case was well constructed
- The current practice serves a population that is in the least deprived area of the borough of Richmond,
- The practice is a progressive and beacon practice with a reputation for excellence
- It was noted that the Committee was fully aware that the business case would need to be part of a wider cluster consideration of the needs of primary care premises across Richmond and other boroughs.
The LMC could not support the use of commissioning monies meant for patient care to be spent on premises or IT;
That the current clinical consortium cannot commit to fund the proposed development from recurrent revenue resource without more information on how future primary care services development funding is to be allocated and equitably distributed;
That the SW London cluster via the Director of Finance needs to approve any proposed investments at a local borough level in excess of £100,000 per annum.

The sub-committee recommended that this development be put forward to the SW London cluster Director of Finance as a Richmond borough priority call against any centrally directed practice development funding.

Dominic Wright confirmed that the sub-committee also took advice from the NHS SW London Director of Primary Care Contracting.

Ann Radmore confirmed that further clarity and guidance on such funding is awaited from the Department of Health and NHS London.

Dr Marilyn Plant also noted that although this was strong priority, other practices that are in need of development had not yet come forward with their proposals and it would be important to ensure that we had the whole picture before approving any recommendations.

The Board noted the report.

C PUBLIC QUESTION TIME

In addition to the question from Mr Francis King which had been addressed earlier in item 10, representations were made from Mr MacMillan in relation to availability of printed copies of board papers for the public meetings of the NHS SW London Joint Board, particularly for those individuals who confirmed that they would be attending.

Ann Radmore indicated that all papers for public board meetings would be made available; however it is likely that there would not be the capacity to maintain five public facing websites. The Joint Boards will move around the geographical areas and be held at venues across the five boroughs. Due to fact that there would 50% less staff it would certainly challenging to print papers for each individual interest groups or specific individuals. We would certainly need to consider how we would make the information accessible to all going forward.

There were no other questions from members of the public.

D HOUNSLOW & RICHMOND COMMUNITY HEALTHCARE (HRCH)

18 REPORT FROM THE MANAGING DIRECTOR

Richard Tyler presented the report summarising the main issues of note in the period February to March 2011.

This would be the final report to the Board prior to the establishment of Hounslow and Richmond Community Healthcare Trust on 1st April 2011. The first meeting of the new trust was due to take place on 1st April 2011 to sign off standing orders, standing financial instructions and other key elements of the board governance structure. Additionally a planned event for stakeholders would take place on 4th April 2011.
Richard concluded the report by recording his formal thanks for all of the support, advice and encouragement that NHS Richmond had shown to staff of HRCH and its services over the last 9 years and in particular over the last year in the move towards formal separation. Whilst it was not possible to name each individual, personal thanks were recorded to Sian Bates and Joan Mager for their support over the last two years.

The Board noted the report.

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**ITEMS FOR INFORMATION**

**20** ANY OTHER BUSINESS

On behalf of the Board Sian Bates confirmed that this would be the last Board meeting in this current format and recorded her thanks to all members for their commitment to NHS Richmond. In particular a special vote of thanks was extended to Sue Jenkins and Ian Maxwell.

In reminiscing on the past Ian Maxwell noted that at its first meeting of the PCT in 2002 in addition to a number of individuals who were present at the meeting, Ann Radmore was in attendance and therefore it was fitting that she had been present at the very first and the last meeting of the PCT Board in its current format.

There was no other business

**21** DATE OF NEXT MEETING

The next meeting would take place in April 2011 as the meeting of the NHS SW London Joint Boards.
Draft

Minutes of the Board Meeting held in public on Thursday 31st March 2011
Room 6.2, 6th Floor, 120 The Broadway, Wimbledon, SW19 1RH

Part 1

Present:
- Mr Peter Derrick Acting Chairman
- Mr Abdul Chaudhary Non Executive Director
- Mr John Drage Non Executive Director
- Dr Howard Freeman Medical Director / Joint Chair of the Executive Committee
- Dr Val Day Interim Director of Public Health
- Ms Jill Robinson Director of Finance, South West London Cluster
- Mrs Fiona White Nurse Board Member (arrived 3.20pm)

In Attendance:
- Mr Malcolm Dennett Outgoing Interim Director of Finance and Performance
- Ms Jocelyn Fisher Interim Director of Human Resources, OD and Governance
- Ms Sue Howson Project Manager, Better Healthcare Closer to Home Programme
- Mrs Linda McQuaid Interim Nursing Adviser to the Board
- Ms Elaine Newton Head of Corporate Affairs and Governance
- Mr Jon Schick Project Director
- Ms Penny Taylor Merton Borough Managing Director
- Miss Dot Deyt-Aysage Board Secretary/Minute Taker

Members of the Public Attending
- Dominic Dickinson St Georges
- Monica Roy-Chowdhury Sanofi-Aventis
- Nick Pizey Merton LINk
- Maryam Hosseini Pfizer

01.03.11 Chairman's Welcome

The Chairman opened the meeting by welcoming all in attendance and announcing that this would be the last meeting of Sutton and Merton PCT in its present form. The next meeting would be of the Joint Boards, ie. five PCT Boards meeting concurrently, on the 14th April 2011.
The Chair introduced three new Executive Directors to the Board as follows:

- Jill Robinson – Director of Finance South West London Cluster, as Statutory Accounting Officer for NHS Sutton and Merton;
- Penny Taylor – Merton Borough Managing Director; and
- Dr Val Day – Interim Director of Public Health.

02.03.11 Apologies For Absence

Board Members: Mr Michael Brunt, Ms Sharon Darcy, Mrs Ann Radmore, Mrs Joy Tweed and Dr Martyn Wake.

It was clarified that Ann Radmore, SWL Cluster Chief Executive, would have been present in her capacity as NHS Sutton and Merton's Statutory Accountable Officer.

Supporting Officers: Mr Simon Currie.

03.03.11 Declarations of Interest

As a Councillor for London Borough of Sutton, Mr John Drage declared interest in any items or discussion that might arise relating to the London Borough of Sutton.

The PCT holds a register of interests. No additional interests were declared.

04.03.11 Minutes of the meeting held on Thursday 24th February 2011

The minutes were agreed as a true record.

05.03.11 Matters Arising from the 24th February 2011 Board meeting

The Chair noted that the issues raised by the February Board, in response to the SWL Governance Framework, had been captured in a letter from Bill Gillespie to Ann Radmore. Those relating to the Audit Committee would be picked up by the SWL Director of Finance, Jill Robinson, and Paul Gallagher, recently appointed as SWL Chair of the Joint Audit Committee. This correspondence had been circulated to Board members.

06.03.11 COMMISSIONING

For Approval

Item 6.1 PCT Finance Report 2010/2011 Month 11

The outgoing Interim Director of Finance and Performance provided an update on performance to date at Month 11, with a review of the forecast outturn which was anticipated to deliver at or better than plan. The following factors were highlighted:

(i) St. George's over-performance had levelled out to a degree, but was still subject to close scrutiny as year-on-year growth at the current level was still unaffordable. The detail of this was evident in the next agenda
item, Draft Budget Book 2011/12. Kingston Hospital was also cited for close monitoring of activity growth.

(ii) A time lag of a month on the Better Value Plan was noted.

(iii) Completion of the Orchard Hill sale at 5pm, on the 30th March 2011 had been critical to achieve within the financial year.

(iv) Externalisation of community services to Royal Marsden was also a critical issue, for which delivery by midnight on the 31st March 2011 was still envisaged.

On behalf of the Board, Mr. John Drage, as Chair of the Finance Committee, extended a debt of gratitude to the outgoing Interim Director of Finance and Performance for his contribution towards achieving the sale of Orchard Hill, and towards achieving fiscal balance for 2010/11. He pointed out, however, that a continued focus needed to be maintained on addressing the underlying structural deficit going forward. The vote of thanks and required focus on the fiscal plan to achieve financial balance, was endorsed by the Chairman.

Recommendations:

That the Board note and approve:

• The year-to-date performance and forecast financial performance as at Month 11.

• The continuing review of the forecast for the year.

• The status of the Orchard Hill sale.

• The planning for the year 2011/12 and the scale of the financial challenge to be addressed and the continued discussions progressing with the sector, NHS London and our providers.

The item was noted and approved.

Item 6.2 Draft Budget Book 2011/12

The outgoing Interim Director of Finance and Performance provided the context for the PCT’s underlying deficit, for which mitigating savings of £23.4m had been identified to achieve recurrent balance next year. The Board was advised, however, that the level of deficit was subject to successful resolution of SLA negotiations with ESH, ie. at an affordable level, in order not to adversely impact on the PCT’s ability to achieve recurrent balance.

The Board was informed of the requirement to have budgets in place at the start of the year, recognising that these may be subject to change, but requiring approval of what is being delivered at authorised signatory levels.

The Board’s attention was drawn to the key financial risks set out in Table 13 on Page 25, underlining the requirement to be on top of QIPP delivery from the start.
The SWL Director of Finance commented that the delivery of QIPP required a collaborative effort from both the SWL Cluster of PCTs, as well as from individual PCTs. Assurance was given that organisational memory and continuity were being maintained with the appointment of Steve Davies, formerly Better Value Director, and Simon Currie, formerly Interim Sutton Borough Managing Director to the Cluster team to work on QIPP.

**Recommendations:**

That the Board:

- Approve the interim revenue budgets outlined in Tables 1-12 and the high level capital budget in Table 13.
- Acknowledge the risk identified in the budgets.
- Note the assumptions used in the projection of a minimum £23.4m deficit in 2011/12.
- Note the 2010/11 recurrent deficit brought forward and other factors, including growth, 1.5% deflator, 0.5% contingency and the requirement to hold 2% of the resource for transformational and risk management funds. This results in a financial gap of £23.4m, the PCT is now required to submit within the operating plan a 0.5% surplus in 2011/12.
- Confirm the assumption returned in the preliminary QIPP return of £23.4m of identified savings.
- Consider the approach to ensure that the organisation is focussed on key performance and financial targets whilst acknowledging the organisational transition and the need to focus attention and maintain accountability on performance and financial priorities in line with initiatives in the Strategic Plan.
- Ensure clinical engagement is focussed on key performance and financial targets by cascading these to Practice Based Commissioning Groups and GP Practices via the PBC Framework and indicative budgets.

The item was **noted** and **approved**

**For Review and Note**

**Item 6.3  For Note - Better Value M10 Recovery Plan**

The outgoing Interim Director of Finance and Performance gave assurance that the Better Value Report was reflected in and consistent with the Finance Report, which had been considered as agenda item 6.1. Confidence in delivery of the programme was expressed.

**Recommendations:**

In the context of considering whether appropriate assurance had been provided the Board was asked to note the performance of Better Value for month 10.

The item was **noted**.
Item 6.4  **PCT Performance Management Extract**

The outgoing Interim Director of Finance and Performance presented an extract from a consolidated, NHS SW London report which was being prepared for the Joint Boards. It was acknowledged that there had been some movement in the right direction. The Interim Director for Public Health gave assurance that the red rated public health targets were high on her agenda and the issues were under investigation with remedial actions in place.

The Chair asked whether the requirement to achieve targets would apply in 2011/12, and was advised that consultation on the Department of Health’s new Outcomes Framework closed today.

The Medical Director advised that NHS London had developed a performance management framework, which specified minimum standards for every practice in London. Performance data would be published on the web, with quarter one for information only, giving the opportunity for practices to address data quality. A tool pack for PCTs to performance manage GPs had also been developed.

In response to a comment from Mr. John Drage about the lack of movement in some areas of the PCT’s performance against targets, Dr. Freeman expressed confidence in the new system to make a difference.

**Recommendation:**

The Board was asked to approve the PCT’s performance against national and local objectives for the period to date.

The item was **approved**.

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**Item 6.5  Better Healthcare Closer to Home: Inclusion of the Nelson and Wilson schemes in the LIFT Strategic Partnering Agreement (SPA)**

Ms. Sue Howson, Programme Manager for Better Healthcare Closer to Home, attended to present this item, seeking Board approval for the inclusion of the Nelson and Wilson Schemes in the LIFT Strategic Partnering Agreement (SPA) and for authorised signatories to sign the letter of confirmation to LIFT Co.

The Chair acknowledged that the 'due diligence' process around LIFT Co. had been undertaken, but expressed concern that NHS London's original directive to the PCT to include schemes in LIFT Co. had potentially cost the PCT, and sought assurance that an affordability target would be set in relation to the new schemes proposed for inclusion, beyond which the PCT could withdraw without indemnifying the cost. The Programme Manager for Better Healthcare Closer to Home assured the Board that an affordability cap would be set as part of the approval criteria and any breach of this threshold post Stage 1 would allow the PCT to withdraw.

The Medical Director, Dr. Howard Freeman asked for assurance on the following issues:
that the option around retention of the NHS asset at the end of the lease with LIFT Co. still remained;
(ii) that the Paddock site on the Wilson site would be surplus to requirements and that the planning permission which had now expired would be re-enacted;
(iii) that there were conditions attached to the Nelson site, acquired from Epsom and St. Helier NHS Trust (ESH), with the recommendation that the transfer agreement from ESH should be checked to ensure no breach.

The Programme Manager for Better Healthcare Closer to Home advised the Board on the above issues:

(i) the schemes are being procured under a land retained agreement and, as such, will revert to NHS ownership at the end of the agreed concession.
(ii) the Paddock area on the Wilson site would be made available for alternative development; and
(iii) the terms of the transfer agreement for the Nelson site would be reviewed to ensure that the new developments did not breach any conditions.

The SWL Director of Finance sought confirmation in writing from Peter Brazel, Head of Capital Investment at NHSL, that this process would not require separate NHS London approval as it was in effect enacting a clause within the original agreement.

The Programme Manager outlined the timeline for a two stage approval process, with the first in July/August 2011 and the second in November 2011, with financial close at the end of 2011/2012.

The Board was advised that the governance arrangements going forward would be subject to review, but it was envisaged that responsibility for monitoring the schemes would transfer from the BHCH Programme Board to the PEC/Commissioning Board, supported by a Steering Group spanning both Boroughs and including Borough Managing Directors and other stakeholders - providers, Local Authority. The Borough Managing Director for Merton emphasised that service delivery should drive the agenda, not the buildings. Mr. John Drage commented that he was delighted to see evidence of service delivery now being planned and put into place, following what had been a protracted process of development.

**Action:** Programme Manager for Better Healthcare Closer to Home

(i) To seek assurance that no breach exists, relating to the transfer agreement from ESH;
(ii) To seek confirmation in writing from NHS London;
(iii) To review governance arrangements going forward.

The authorised signatory for and on behalf of NHS Sutton and Merton was agreed as SWL Director of Finance, Jill Robinson.

**Recommendations:**
In the context of considering whether appropriate assurance had been provided the Board was asked to approve the following recommendations:
1) The Nelson and Wilson schemes are included under the terms of the SPA as ‘New Projects’.

2) That authorised signatories are given approval to sign the letter of confirmation to LiFT Co.

The item was approved.

FOR NOTE

07.03.11 GOVERNANCE

Item 7.1a Chair’s Action to Delegate Authorised Financial Limits in accordance with Standing Orders and Scheme of Delegation

The Board noted Chair’s action in authorising delegated authority, to approve individual payments and release orders up to £15million, to the outgoing Interim Director of Finance to the end of March 2011.

Following his departure, Karen McKinley, Deputy Director of Finance would be the only person left with the same level of authority and that an interim solution to put in place an equivalent delegated authority would be required for Penny Taylor and Simon Currie (pending the start of the new Borough Managing Director for Sutton).

It was noted that an interim proposal for Quarter 1 would be put to the Joint Boards on the 14th April, with a view to developing a unified governance framework which reflected the new structures.

Recommendation:

In the context of considering whether appropriate assurance had been provided, the Board was asked to note Chair’s action in the form of the signed authorisation which had been attached.

The item was noted.

Item 7.1b Chair’s Action Associated With Policy Management and Review

The Board was asked to note Chair’s action to facilitate an extended review date on all policies to maintain safe and valid practice in the transition.

Recommendations:

In the context of considering whether appropriate assurance had been provided, the Board was asked to note Chair’s action in approving policy extension to be invoked as described, with responsibility for ratification delegated to the lead director/relevant committee or Management Team as appropriate.

The item was noted.
08.03.11  COMMISSIONING

Item 8.1  Chief Executive Report

Mr. John Drage expressed concern that the narrative describing the closure of Ludlow Lodge did not correspond with that of the London Borough of Sutton - that the PCT’s decision to commission intermediate care beds from elsewhere had led to its closure. The Chair acknowledged that the narrative represented the PCT viewpoint and agreed to follow up any discrepancy outside the meeting. **Action – Chair.**

**Recommendations:**

The Board is asked to note the Chief Executive’s Report.

The item was **noted.**

09.03.11  STRATEGIC ISSUES

Item 9.1  Externalisation of NHS Sutton and Merton Community Services

The outgoing Interim Director of Finance and Performance verbally updated the Board was advised that the only remaining issue was that the Royal Marsden Hospital awaiting final confirmation of registration from the Care Quality Commission. This was expected at any moment, following which signing of the transaction documents would take place.

The item was **noted.**

Item 9.2  Learning Disability Services Re-provision Programme Joint Executive Report

With regard to the Birches Close scheme, a question was raised about the deadline set by the Department of Health for the use of campus capital, which would be exceeded unless it could be demonstrated, and they accept, that £800k has been spent on the development of the new scheme by 31.03.2011. It was clarified that this would have risk implications for the project, but was with the Department of Health to clarify.

**Recommendations:**

In the context of considering whether appropriate assurance had been provided the Board is asked to note:

1) Changes in the LB Merton proposed new supported living scheme;
2) On target completion September 2011 for LB Sutton schemes.

The item was **noted.**

10. 03.11  Minutes of the Board Committees

**For Acceptance**

Item 10.1  Audit Committee 07.12.10

The minutes were **accepted.**
Item 10.2  Finance Committee 20.01.11
The minutes were accepted.

Item 10.3  Professional Executive Committee 04.01.11
The minutes were accepted.

Item 10.4  NHS Sutton and Merton Community Services Board 03.02.11
The Chief Operating Officer highlighted the visit by the Minister of Health from Saudi Arabia that the Department of Health had asked NHS SMCS to host, to demonstrate their use of technology in healthcare.

The minutes were accepted.

For Note
Item 10.5  Audit Committee Report
The report was noted.

Item 10.6  NHS Sutton and Merton Community Services Board
The report was noted.

Item 10.7  Professional Executive Committee Report
The report was noted.

13.03.11  Any Other Business
Mr. John Drage sought clarification on future plans for the removal of unsightly temporary huts on the Green Wrythe Clinic site, declaring an interest as their location is in the ward that he represents. It was clarified that ownership of the land had passed to LiftCo. This would be followed up.

Action – To clarify with Estates.

14.03.11  Date of Next Meeting
The Joint Boards of South West London Primary Care Trusts will meet on Thursday 14th April 2011 at 2pm at NHS Sutton and Merton, 120 The Broadway, Wimbledon, SW19 1RH.

The Chairman thanked Nick Pizey for his stalwart attendance and continuing interest in the Board meetings of NHS Sutton and Merton.

Closure of Part 1
The Board resolved that the public now be excluded from the meeting because publicity would be prejudicial to the public interest by reason of confidential nature of business to be conducted in the second part of the agenda.
Agreed as an accurate account of the meeting held on Thursday 31st March at 120 The Broadway, Wimbledon, SW19 1RH.

Mr Peter Derrick
Acting Chairman
Date:

**ACTIONS:**

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<th>Ref No.</th>
<th>Item</th>
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| Item 6.5 | Better Healthcare Closer to Home actions:  
(i) To seek assurance that no breach exists, relating to the transfer agreement from ESH - Title Deeds for the Nelson have been reviewed and there did not appear to be any conditions in them that have not already been considered.  
(ii) To seek confirmation in writing from NHS London - Peter Brazel responded by email and this was forwarded to NHS SWL Director of Finance for information on 10.05.11.  
(iii) To review governance arrangements going forward. This is now being taken forward by Adam Wickings, Sutton Borough Managing Director, who is now leading BHCH. | |
| Item 8.1 | Mr. John Drage expressed concern that the narrative describing the closure of Ludlow Lodge did not correspond with that of the London Borough of Sutton - that the PCT’s decision to commission intermediate care beds from elsewhere had led to its closure. The Chair acknowledged that the narrative represented the PCT viewpoint and agreed to follow up any discrepancy outside the meeting.  
Action is underway to resolve outside of the meeting. | |
| AOB | Mr. John Drage sought clarification on future plans for the removal of unsightly temporary huts on the Green Wrythe Clinic site, declaring an interest as their location is in the ward that he represents. It was clarified that ownership of the land had passed to LiftCo. This would be followed up. Action is underway to resolve outside of the meeting. | |
Minutes of the Meeting of the Wandsworth Primary Care Trust Board
held on Wednesday, 30th March 2011

PRESENT:
Ian Reynolds (IR) - Chair
Mark Mildred (MM) - Non-Executive Director
Godfrey Allen (GA) - Non-Executive Director
Stephen Hickey (SH) - Non-Executive Director
Tom Coffey (TC) - PEC Chair
Houda Al-Sharifi (HAS) - Director Public Health
Tonia Michaelides (TM) - Director Performance & Primary Care Contracting
David Finch (DF) - Medical Director

In attendance:
Amanda Philpott (AP) - Croydon Borough Managing Director
Paula Swann (PS) - Director of Financial Management
Jeremy Ambache (JA) - LINk Member
Lizzie Whetnall (LW) - Associate Director of Corporate Affairs
Sandra Allingham - Corporate Affairs Manager (Minutes)

11/044 Apologies for Absence
Received from Terry Downing, Lucy Allan and Graham Mackenzie.

11/045 Declarations of Interest
MM – Chair South West London LIFT

11/046 Minutes of the meeting held on 23rd February 2011
11/032 Finance Report – final paragraph – “JA asked about the projected underspend and if this was achieved whether this would be carried forward. PS confirmed that this would be the case.”

Subject to the above amendment, the Minutes were agreed as being an accurate record.

11/047 Matters Arising
2011/029 South West London Cluster Transition Arrangements – IR reported that a letter had been sent to Ann Radmore and Sian Bates outlining the major points raised conditioning the PCT’s agreement. A positive reply had been received from Sian Bates but it was not yet known how the points raised would be incorporated and the number of Non-Executive Directors supplemented. This would continue to be progressed and any update to the governance framework would be published and communicated widely to stakeholders and partners.

2011/034 GP Annual Balanced Primary Care Scorecard – LW reported that the press release would be published early next week.

2011/042 Open Space question from Donald Roy (DR) – DR reported that a statement had been made that might suggest that a considerable proportion of patients in Richmond could welcome coming under Wandsworth. TC agreed to take this back via GM to the Consortium Working Group.
Chair’s Announcements/Reports
IR reported that there had been a lot of work going on through the month regarding staff moves and some announcements had already been published.

Sian Bates had been selected as the South West London (SWL) Cluster Chair from 1st April 2011 for all SWL PCTs.

Paul Gallagher had been appointed as Non-Executive Director (NED) Audit Chair for the Cluster.

David Finch had been appointed as Joint Medical Director for the SWL Cluster with Howard Freeman.

Tonia Michaelides had been appointed as Head of Commissioning for Kingston PCT. IR wished to acknowledge his thanks for all Tonia’s work and support as Director of Performance and within her commissioning role.

IR announced that Mark Mildred had decided to stand down as Vice Chair and not seek re-appointment to the Board. IR thanked Mark for his enormous contribution to the PCT as Vice Chair and acknowledged his wise counsel, good advice and strong support. Mark had chaired both the Community Services Wandsworth and APO Boards, the Wandsworth Charitable Funds, PBC Approvals Committee and attended the Audit and Cluster Remuneration Committees. IR again thanked Mark and hoped that he would continue his support in another capacity.

Stephen Hickey and Godfrey Allan had been re-appointed to the new Wandsworth Board. Stephen would be taking over responsibility as Vice Chair of the PCT and provide local leadership. Godfrey and Stephen would continue to represent Wandsworth as members of the Joint Boards and Wandsworth Board.

IR wished all those moving to new positions every success and happiness in the future.

The Shadow Health & Wellbeing Board Executive meeting was held on 2nd March at which it was announced that the Early Adopter application had been approved.

Approval of the Pathfinder Consortium application had been received and IR wished to congratulate TC, DF and GP colleagues.

The Junction Health Centre was officially opened last month by Jane Ellison MP. This had been a well attended event and the health centre provided excellent facilities.

The improvements to the Bridge Lane centre were now completed and the Putney GPs would shortly be moving into Carlson House.

Review of NHS Wandsworth 2002 to 2011
TC presented a review of the achievements over the past nine years stating that it had been an enormous privilege to work with colleagues on the Board. The achievements demonstrated how the PCT had followed the plan to improve services for Wandsworth patients and the strong commitment by staff. The responsibility would now be passed to the Borough team through the period of transition to make sure that those achievements were preserved and used as building blocks for future achievements.

The following focus areas were highlighted:

- Estates projects – Queen Mary’s Hospital was opened in 2006 and services continued to develop. St John’s Therapy Centre was opened with two growing
practices, therapy services, and facilities not previously available in the area.

- Access to GPs – Currently, 42 out of 46 GP practices offered extended hours of access to patients.
- Waiting times – Over 90% of patients are now waiting only 18 weeks from referral to treatment.
- Sexual Health – Due to the very young population within the borough an increase had been seen in related diseases and services had been developed to match this increase. 100% of patients are seen within 48 hours.
- Mental Health services – A successful project to improve access to Psychological Therapies had been put in place with a number of new therapists being provided. Services had been placed in a number of GP practices and a number of projects based in community groups.
- Polysystem program – Services were incrementally being improved with outreach and out of hospital services being implemented.
- Patient Involvement – Although a lot of work had been done there was still a lot of scope for additional involvement particularly around service re-design.
- Expert Patients Program and patients involved in their care – There were strong links to more systemic education programs for patients and work was being done on how this could be replicated for other areas.
- HMP Wandsworth – The health service provided at the prison nine years ago was in a very poor state and there had been a high suicide rate. Following a tender process, the quality of the health care provision greatly improved, however, this service was brought back in-house due to the demise of the provider. Community Services Wandsworth took on the responsibility to improve the health care for this vulnerable group of patients.
- Virtual Ward – This project was developed to keep patients out of hospital and was going from strength to strength with the number of emergency admissions now stabilising and going down.

TC acknowledged the legacy being handed down by the PCT to stakeholders and continuing members and the importance of retaining organisational history to learn from successes and failures. The PCT was providing a strong financial legacy with the ability for investments to be made. An important lesson learned from the experience of the PCT was that changes and improvements take time to fully evolve and provide benefits. This was best done through careful collaboration and involvement of patients whilst having an overview of the whole health economy.

IR thanked TC for his reflections and noted that not everything had been successful but the lessons learned had been taken on board by the PCT.

IR acknowledged the successful development of relationships and partnerships, particularly with the Local Authority. This had been strengthened by the joint appointment of HAS into the role of Director of Public Health.

SH acknowledged the excellent outcomes as highlighted in the presentation and the paper and agreed that the next two years must be about building on that very positive work, which had provided a solid base, and to move forward as seamlessly as possible.

GA noted some concern that organisational memory could be lost from the organisation as people leave but also acknowledged that the positive experiences gained by Wandsworth staff who were moving to partner organisations could be applied there.

JA acknowledged the successful leadership of the PCT, in particular Ian Reynolds, Amanda Philpott and Lizzie Whetnall, and the partnership working but noted that there was still some work to be done.
JA asked how health inequalities had been affected over the past nine years and how had engagement with patients affected commissioning decisions. IR responded that improvements in health inequalities could be evidenced, however, it was acknowledged that the gap had not yet been closed. HAS stated that research showed that as quality of life improved people moved out of deprived wards and other people moved into the deprived wards. A lot of evidence was available regarding services in areas of deprivation and the challenge was now to continue to work collaboratively with the LA on the Health Inequality Strategy to allow this work to continue and improve.

Malik Gull (MG) commented that many of the programs and work currently being done in Wandsworth was not happening in other boroughs and the work around community engagement exceeded other areas. With reference to outcomes from patient engagement, MG stated that the PCT had worked closely with communities to create an atmosphere where patients felt confident that things would change. MG acknowledged the good work done by the PCT and wished to congratulate the Board on their achievements. AP commented that the engagement and dialogue between the community and the PCT had shaped the current level of engagement.

MM acknowledged the good relationships with acute providers and that the Medium Term Financial Strategy (MTFS) had provided a good sense of partnership. MM referred to the Social Enterprise model that had been contracted to provide health services within the prison. Unfortunately, this venture had failed and Community Services Wandsworth immediately stepped in contributing a high level of resources to provide quality health care services.

MM commented that over the past nine years, the PCT had seen two serving Chairs, both of whom had worked very hard, were respectful of and listened to people, and facilitated the work of the PCT. MM acknowledged that outcomes for some of the long term work had not yet been seen but much work was being done to achieve the long term goals. The closer working relationship with the Local Authority was welcomed and MM was hopeful that issues around the Section 106 allocations for future developments within the borough would be addressed and agreements upheld.

MM stated that he had enjoyed his time as a member of the PCT Board and was delighted to pass the baton on to SH. He offered his best wishes to the PCT and was confident that they would continue to build on the good work in the future.

TC stated that the PCT had focused on initiatives that would be successful to improve outcomes within those wards with the highest level of deprivation first and real improvements had been seen in cancer mortality and cardiovascular disease. TC wished to thank IR for driving the organisation and AP for the focus on performance and delivery.

IR suggested that comparative data from 2002 could be included in this year’s Public Health Annual Report. IR proposed that a list be compiled of the top ten initiatives involving patient and public engagement to identify how this had impacted on decisions made by the PCT. It was agreed that Lizzie Whetnall and Andrew Craig would produce the information.

Malik Gull agreed that there had been a lot of work done to align the work of the PCT to community and faith groups but there was a need to have a road map of services and contact points for community groups. Some of the nomenclature were unhelpful and confusing and it would be preferable to have one single sign to show where people could go for services, which would also be applied across London.

11/052 Finance Report
PS presented the report to the end of February indicating that all statutory duties,
Operating Framework and financial targets would be met. An increase had been reported in the likely surplus to £12.2m, representing 2% of the total resource, due to a reduction of assumed year end activity costs arising from successful challenges, year end sector agreements being made and CQIN targets not being fully met by providers. A reduction in mental health and Continuing Care placements had also been seen.

NHS London had confirmed the revised control total to be carried forward into 2011/12 and maintained in 2012/13 to provide financial stability.

A detailed review of the balance sheet was currently in progress.

IR asked whether the reduction in CQIN targets were applied across all Trusts. PS responded that detailed information was not available for all Trusts but generally performance was not as good as anticipated within the acute and mental health sector.

JA asked whether the £12.2m surplus was protected within the Wandsworth budget and, if the surplus was higher than expected, would that also be protected? PS stated that the £12.2m would be protected as agreed and carried forward into future years. Any surplus over and above that would depend on the position of other organisations within London but it was unlikely that we would not be able to carry this forward.

It was noted that the Operating Framework required all PCTS to deliver a 1% surplus, Clusters to deliver a 1% surplus and London to deliver a 1% surplus. Currently there were some financial difficulties across London and within the SWL Cluster therefore the PCT was being asked to hold this level of non-recurrent surplus in order to support the achievement of that overall percentage requirement.

PS noted that the budget presented to the Board still contained considerable flexibility for making investments of £5.2m this year and Wandsworth had the lowest QIPP program in SWL and across London. There was also some flexibility over reserves but it was necessary to deliver issues regarding transformation.

IR acknowledged the good position of the PCT and was happy to report that PS would continue to oversee the financial position for Wandsworth.

11/053

Performance Report

TM reported that there had not been much change from the previous report but indicated the following highlights:

- Smoking – 991 quitters in Q3
- Cancer waits – achieved
- A&E – achieved

Areas of concern were noted as follows:

- Immunisations – three of the six targets would not be achieved.
- MRSA – a further case of infection had been reported at SGH.
- LAS Cat A – still under-achieving due to winter pressures. Some improvement had been seen and it was expected that this would be achieved by year end.
- LAS Cat B – not expected target to be achieved.

IR asked why the Chlamydia target was not being achieved. HAS responded that it had been agreed that the extra resources required to meet this target did not provide value for money compared to last year, however, it was expected that there would be an improvement on last year’s performance. TM noted that no organisation would achieve this target across SWL.
MM asked about the Choose & Book target. TC commented that this worked very well in some practices. TM stated that there was a range on the weekly performance and some practices did not use the system because it was not good, however, improvements had been made to the system.

The content of the report was noted.

### Polysystems Progress Report

Sarah Curtis (SC) attended the meeting for this item and highlighted the key points:

2010/11 – A number of significant challenges had to be overcome regarding the shift of care workstream. All small workstreams had been identified to come together and move forward with the Locality Commissioning Groups (LCGs) leading on the implementation. Savings had been identified in 2010/11 and these were delivered through the principles of re-design, education for patients and community care.

Referral Management Project – It was expected that this would be delivered in Q4 2011/12 with expected level of savings of £1m-£3m. This work was being led by the LCGs but further engagement would be required. Some non-recurrent investment would be required next year and business cases were currently being developed.

Estates – The Bridge Lane extension had now been completed and detailed capacity studies had been done for each site to identify space which could be released. Phase one of the Bolingbroke project would be completed in 2012 with phase two completed in 2013. The PCT was working closely with the Council regarding the primary care space.

JA reconfirmed the support from LINk for the shift of care to the polysystems and applauded the progress to date. JA asked whether the shift of care included mental health and other services not focused on physical health and whether these could be included in key priorities for next year. IR commented that some other services were already available in some practices. TC responded that there was a separate workstream for mental health being led by the Mental Health team and a tender exercise would be commencing to extend services. A number of other services, including counselling, IAPS and CMHT, were now available within the community. The dementia service was based at SGH however there was now an outreach worker in place.

JA noted that there would be a challenge around inpatients or day patients and asked whether some of the shift of care would stop people having to go to hospital.

SC reported that providers at Kingston Hospital and St George’s Hospital were aware of the proposed shift of care, had attended some of the Board meetings, were engaged with the service re-design program and would have the opportunity to tender for services.

SC confirmed that Wandsworth were working closely with neighbouring PCTs and where possible using lessons learned from them during the program of re-designing pathways and results from other programs would be incorporated.

The content of the report was noted.

### Senior Information Risk Owner Annual Report

TM presented the report, which was in two sections, providing assurance and risks for Information Governance (IG) in the last financial year and achievements to date. The paper included the IG submission and information on the risks going forward for 2011/12.
Section three of the report set out information on the achievements during 2010/11, IG training, and Privacy Impact Assessments.

For 2011/12, responsibility for IG would transfer to the Cluster under the role of Director of Strategy and Performance.

TM wished to thank Ade Oduntan for his enormous contribution over the past years to get Wandsworth to their current excellent position. IR agreed that his departure would be a big loss to the organisation.

With reference to the number of staff leaving the organisation or moving into a different role, IR asked how access to files would be assured to ensure continuity. TM reported that a review of electronic and paper files was currently underway as part of the hand-over and proposed accommodation moves. The Cluster had also requested access to records.

DF commented that there were risks regarding organisational change but there was assurance that the work done had put the PCT into a good position. A lot of work was being done to make the transition safe and effective.

The recommendations of the paper were agreed.

11/056 Future Office Accommodation
PS presented the paper, which proposed the utilisation of 120 The Broadway as the accommodation for the SWL Cluster for the following reasons:

- lower revenue costs;
- substantial capital write off avoided;
- Wimbledon Bridge House was a more marketable office for sub-letting with the potential to recover rental costs.

PS noted that the accelerated depreciation charge and write off of the capital assets would be around £780k, which had been reflected in the likely surplus forecast.

IR noted that this was a positive move for the future and asked whether there were any implications regarding responsibility for on-going costs for Wandsworth or if these would be shared. PS responded that the plan was to market the premises and sub-let as soon as possible. If this was not possible the costs would form part of the Cluster costs and would be shared equally among the five PCTs and therefore the impact on NHS Wandsworth would be minimal.

SH asked where Wandsworth would be moving to. PS responded that there was no firm plan at the moment but it was possible that they would be relocating to a site used by the Adult Social Services within the borough.

JA supported the proposed move into Wandsworth and asked that the information be published once known.

The recommendations of the paper were agreed.

11/057 Race for Health Annual Report
HAS presented the report, which complimented the Single Equality Scheme previously approved by the Board. The report included information on organisational memory and the way forward. The PCT had previously signed up to this as part of a national programme and the work focused on three main areas:
• development of the Single Equality Strategy;
• preparation of the Stonewall Workforce Equality Index submission;
• development of the PCT’s Equality and Diversity Champions.

The report included a lot of detail and captured the work done to date and a road map for the future.

IR asked when the PCT would be re-assessed by Stonewall. HAS agreed to find out and report back.

IR asked whether Clusters would have the opportunity to join this programme and for to be adapted to the new organisation. HAS agreed to find out and report back.

TC asked whether a GP representative could join the programme. HAS agreed to find out and report back.

11/058 Cluster Chief Executive Report
The report was for information.

11/059 Managing Director's Report
The report was for information only.

11/060 Quarter 3 Commissioning Governance Report
TM confirmed that the report was for noting.

11/061 Emergency Planning Annual Report
HAS commented that the report provided assurance to the Board regarding preparedness for emergency planning. The key challenge next year would be around preparation for the Olympics.

The content of the report was noted.

11/062 Minutes
TC commented that the final PEC meeting had been held and that the new Clinical Commissioning Executive meeting would start from April, which was a merger between the PEC and the Borough Commissioning Board meetings.

11/063 Open Space

Questions from John Horrocks (JH)
1. What progress has been made by the WPCT in disposing of the freehold of the Putney Hospital site? Why stakeholders have not been kept informed of what is happening in this respect? What will become of the freehold if the WPCT is closed down before the freehold has been disposed of?

Responses
PS stated that the decision to declare the site as surplus to the PCT requirements was made in July 2010 and the site was placed on the register in October 2010 for a period of forty days until the middle of December. One expression of interest had been received from Wandsworth Borough Council and the PCT was currently in negotiation with them. No further information was yet available as this was commercial in confidence.

No clarity had been received on what would happen if the PCT was to expire before the freehold had been disposed of. The estate would be passed to a successor body but no guidance had yet been published. Some guidance had been received regarding transfer of Community Services property stating that this can be transferred to other Trusts and the PCT would be considering this guidance carefully.
IR commented that it was expected that the transaction would be completed before April 2013 but noted that this was still under negotiation.

JH noted that the site was unusual as there was no access to the highway and that complex legal agreements had previously been entered into. JH asked whether the Easement would pass on to the future freeholder or whether this would need to be renegotiated. IR noted the PCT’s appreciation for the help that The Conservators had provided in obtaining the Easement and it was expected that this would be transferred to the new owners to observe the same terms as placed upon the PCT.

Questions from Donald Roy
1. With reference to increasing indications that care home providers may be going into administration and the potential impact on Continuing Care, would the PCT recommend a review of this potential problem to the new successor?

Response
IR responded that this problem was becoming more widespread and it was probably timely to look at provision in the borough. IR stated that the need to review arrangements could be raised with the Council.

Questions from Tom Pollak
TP wished to echo the sentiments previously stated and thanked the Board for all of their work over the past ten years and in particular IR’s leadership. NHS Wandsworth was more open than other organisations and should be considered as a beacon Board. On behalf of patients in the borough, TP wished all members of the Board well for the future.

1. Would the programme of SWL Joint Boards meetings be made available on the website?
2. The reported performance for Choose & Book was disappointing, how many of the 46 practices in Wandsworth use the system?
3. Would the information on the effect of public participation be shared with all participating groups so that the impact on decisions can be seen?

Responses
1. IR confirmed that the information was not yet available but would be published and the meetings would be held in public and rotated around the five PCT geographical areas.
2. TM responded that all but one practice use the Choose & Book system but there were different levels of usage. TC commented that even if all practices used the system only 55% could be achieved as not all specialist services were included on the system and 45% of appointments did not go through referrals.
3. IR responded that he had proposed that a top ten list of examples be highlighted and agreed that this could be helpful to recruit members of the public in the future and would therefore be considered.

Question from Barbara Willerton
1. Would the outpatient shift of the Ophthalmology service to Bridge Lane improve the waiting times that were currently experienced in the Moorfields Clinic at SGH?

Response
IR responded that waiting times should improve once the facility was working at full
pace. TC commented that this was a dedicated Opthalmology service for local residents that would be run by Moorfields at a lower tariff.

IR wished to record his thanks to the members of the public for their questions, loyalty and support over the past years.

11/064  

Any Other Business  
MM commended the work of Ian Reynolds, who had effortlessly brought his own style to the proceedings and exceeded the required contributions. Ian had contributed in improving relationships with the Council, and had demonstrated his superb quality of leadership and engagement, which was a rare gift. The sentiments expressed by MM were agreed by all Board members.

Ian responded that it had been a great privilege to be the Chair of the PCT for the past four years and had been most rewarding and enjoyable. He was sad to stand down from this role and would miss everyone very much. Ian was confident that the PCT had a strong body to carry on the torch and he would follow the achievements and developments with great interest. Ian wished to thank those members of the Board who were unable to attend this meeting and who would be stepping down, in particular Terry Downing and Lucy Allan.

Terry had provided very positive leadership of the Audit Committee and on procurement issues. Although he had not been able to attend all meetings, Terry’s advice and contribution had been beneficial and, while currently active in a full-time capacity in business, he had brought great credibility to the Board.

Lucy had provided enormous contribution to the Board and Audit Committee and had led on PPI initiatives and the Exceptional Circumstances Panel. Lucy had provided a link between the PCT and the Council and this had helped in improving the working relationship that was now being developed.

IR wished to note that he had personally enjoyed working with Amanda and greatly appreciated the remarkable support from all aspects including how to run a business operationally, strategic developments and how to practice balanced management. IR would particularly miss Amanda’s sense of humour.

In response AP wished to record her thanks to IR and all members of the Board for their support.

There being no further the business the meeting closed at 12:05.

Signed by ............................................ (Chair)

Date .........................................................

ACTIONS

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<td>11/051</td>
<td>Review of NHS Wandsworth 2002 to 2011 – Comparative data from 2002 to be included in the Public Health Annual Report.</td>
<td>HAS</td>
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<td>Top ten list identifying initiatives where patient and public involvement had impacted on decisions made by the PCT.</td>
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<tr>
<td>11/057 Race for Health Annual Report – Stonewall re-assessment dates and representation to be followed-up and reported back.</td>
<td>HAS</td>
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