

Hillingdon Clinical Commissioning Group

Minutes of Hillingdon CCG Clinical Meeting Part 1

Friday, 14th September 2012, 12.30-2.00 pm, CR6, Civic Centre

Present:	In Attendance
Dr Ian Goodman (Chair)	Jessica Brittin (JB)
Dr Trish Hurton (TH)	Kamran Bhatti (KB)
Dr Kuldhir Johal (KJ)	Joan Veysey (JV)
Dr Tom Davies (TD)	Jonathan Tymms (JT)
Dr Stephen Mort (SM)	Dr Richard Grocott-Mason (RGM)
Dr Reva Gudi (RG)	Derville Russell (DR)
Dr Mitch Garsin (MG)	Diana Garanito (DG)
	Maria O'Brien (MOB)
	Trevor Begg (LINKS) (TB)
Apologies	Rob Larkman (RL)
Dr Mayur Nanavati	Chandresh Somani (CS)
Dr Steven Shapiro	Esme Young (EY)
Jonathan Wise	Cllr David Simmonds (DS)
Dr Ellis Friedman	Bridgett Pratt (BP)
Allison Siedlar	Trevor Myers (TM)
Deborah Price Williams	Julian Wilkinson (JW)
Karl MunslowOng	Phil Williams (PW)
Simon Evans-Evans	Shika Sharma (SS)
	Catherin Scicluna (minutes)
Members of the public	Members of the public
Joan Davis – Community Voice	Atol Shah - LPC
Armelle Thomas	Lucy Milton
Sue Fowke – Townswomen Guild	
Diane Parris	Herbert Levinger – North Hillingdon
Philip Parris	Residents Association

1.	Apologies and Declaration of Interests	
	Noted as above. There were no new declarations of interest.	
2.	Minutes of Last Meeting and any matters arising	
	<p>The minutes of the meeting dated 10th August 2012 were agreed as an accurate record. Matters arising:</p> <p>Lay member appointments – CS advised there was no new update on the process from NHS London. At the meeting with the Chairs of the four CCG's, it was agreed that a common approach to the appointment process will take place. He will keep the Board updated.</p> <p>Interim report on Rapid Response communications It was noted that the Rapid Response leaflet had been circulated to all GP practices. DG advised that work is continuing with the Local Authority on producing a booklet aimed at services for patients and their carers over 65,</p>	CS

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	<p>"Right care, right place, right time". Also an admission avoidance communications leaflet is being developed and DG advised that Jane Walsh, non-acute commissioner, is co-ordinating the text and, at the request of MOB, it was agreed that there will be community input into the text prior to publishing. This was noted.</p>	DG
	DECISION	
3.	Agreement on the adoption of the Constitution	
	<p>DG advised that no further comments had been received from the GPs. TB advised that he had input comments on patient and public involvement and it was agreed that a form of words be added to the finalised document via a form of an "appendix" that had also been commented on and agreed by the Local Medical Committee.</p> <p>SUBJECT TO PATIENT AND PUBLIC INVOLVEMENT APPENDIX INCLUDED IN THE DOCUMENT, THE HCCG BOARD AGREED THE ADOPTION OF THE CONSTITUTION AND TO VOTE FORMALLY THE FOLLOWING WEEK</p>	DG
4.	Authorisation process update	
	<p>Declaration of compliance KM advised that the HCCG Board had been presented with the Key Lines Of Enquiry that will be discussed in detail at the CCG Authorisation visit in December 2012. The paper also outlined the 12 declarations that must have sign up by GPs. RL clarified that at the Authorisation visit, the panel will need to see evidence and audit trails and it will not just be a question and answer session. This was noted.</p> <p>THE HCCG BOARD FORMALLY NOTED THE COMPLIANCE REQUIREMENTS AND AGREED TO THE DECLARATION OF COMPLIANCE</p> <p>Delegation of authority to Remuneration Committee CS clarified to the HCCG Board that the Joint Remuneration Committee had been constituted earlier in the year, aligned with membership from the Outer Cluster CCGs Brent, Harrow, Ealing and Hillingdon. Membership was 4 CCG Chairs and 4 Lay Members. The terms of reference had been agreed and would be distributed to senior staff members.</p> <p>THE HCCG BOARD AGREED FOR DELEGATION OF AUTHORITY TO THE REMUNERATION COMMITTEE</p>	
5.	Meet the HCCG public event report and recommendations	
	<p>DG advised that the report highlighted the recommendations following a first series of "Meet the HCCG" public events, which had proved successful. A second round of events was now being proposed, one per locality, to take place during November 2012. It was noted that these events would then be evaluated, to ensure that they were relevant and meeting the needs of the public, with further events to be agreed by the Board on an ongoing basis.</p> <p>It was noted that Dr Kuldhir Johal would be attending a public "Shaping a Healthier Future" event on behalf of the CCG at a meeting at the Civic</p>	

	Centre on 26 th September 2012.	
	THE HCCG BOARD AGREED A SECOND ROUND OF "MEET THE HCCG" PUBLIC EVENTS TO TAKE PLACE IN EACH LOCALITY DURING NOVEMBER 2012	
	DISCUSSION	
6.	Finance report – Month 4	
	<p>JT presented the month 4 finance report and advised the HCCG Board that at month 4 there was a deficit of £4.4m, with the main drivers for this being acute overperformance, principally at The Hillingdon Hospitals NHS Trust (THH) and the Royal Brompton and Harefield NHS Trust. He also reported that the QIPP savings plan was £1.3m behind target. A detailed recovery plan was in the process of being developed. He emphasised the seriousness of the Hillingdon financial position and the risk of not delivering its statutory financial duties on achieving financial balance. RL asked the HCCG Board to note that the financial challenges extended beyond QIPP and that Hillingdon was a very financially challenged CCG. It was vital for the CCG to get a firm grasp on the financial position in order that a full and robust recovery plan could be put in place that delivered both best practice and firm financial management. General discussion was held and the HCCG Board agreed that this was of primary importance in order that the CCG does not inherit a recurrent funding problem year on year. In response to a query about centralised financial funding, RL confirmed that NHS London was looking to develop a financial risk sharing scheme across the 8 North London CCGs, to which each CCG would contribute to in order that it was beneficial for all. However, the full financial details of this were not yet available.</p> <p>QIPP - JB advised that a very rigorous review of the savings plans had been carried out and that delivery of these plans was paramount to easing the financial position by the end of the financial year. The QIPP plan had been discussed in detail with Cluster colleagues but that even with improved revisions of the schemes there remained a £5m savings gap. General discussion was held and some variances were noted on the savings schemes that were highlighted within the finance report and it was confirmed that work was still in progress during September 2012. IG advised that the Primary Care Local Enhanced Scheme had been redefined and needed to be ratified by the Local Medical Committee but that this was a specific GP QIPP target to achieve over the last six months of this year.</p> <p>In response to a question about suitable management and staff resources being in place, JB advised that this was being kept under review and the CCG also had support from the Federation and that the CCG was pleased that it has already received improved support around finances and informatics to support the knowledgeable commissioning team. However, she confirmed that the new commissioning structures needed to be populated and managed within the available resources.</p> <p>JB advised that the joint commissioner-led Hillingdon Programme Board, included THH, CNWL and LBH and would be working together to come to agreements that would support the whole of the health economy as the</p>	

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	CCG could not achieve this in isolation.	
	THE HCCG BOARD NOTED THE CONTENTS OF THE FINANCE REPORT FOR MONTH 4	
7.	Quality performance report – month 4	
	<p>JB advised that this would be a regular agenda item in the future to be led by Dr Reva Gudi, Chair of the Clinical Governance Group. The report outlined performance against the key performance indicators with exception reporting in place if targets were not being achieved. The HCCG Board were asked to note that there were some reporting discrepancies in the report which were being addressed. Some issues were highlighted, such as the use of Choose and Book, where a project manager was in place to progress achievement of the 70% target; reports had been requested from public health on the cervical screening position and childhood immunisations. MOB advised that the childhood immunisation achievement for Quarter 1 should read 87.2%, (which does not take into account some parents who refuse, which is about 12%). Hillingdon are in the top 3 in London for achievement of childhood immunisations.</p> <p>THE HCCG BOARD NOTED THE CONTENTS OF THE QUALITY PERFORMANCE REPORT FOR MONTH 4</p>	
8.	Board Assurance Framework/Corporate Risk Register	
	<p>Bridget Pratt was welcomed to the meeting as the new Head of Governance for the BEHH Federation. She outlined some of the key priorities across all CCGs, where she was working with colleagues on production of Corporate Objectives, a Board Assurance Framework, development of a Risk Register, and the establishment of sub-committees. She also advised that she would be working locally within Hillingdon to prepare localised corporate objectives and the development of a Hillingdon Board Assurance Framework and Risk Register that identifies risks and escalates processes to eliminate them, to be regularly monitored through the HCCG Board. This was noted.</p> <p>IG sent thanks to Simon Evans-Evans for all his support to the HCCG and wished him well for the future.</p> <p>THE HCCG BOARD NOTED THE VERBAL REPORT ON THE DEVELOPMENT OF THE BOARD ASSURANCE FRAMEWORK AND RISK REGISTER</p>	BP
	INFORMATION	
9.	Draft Public Health Business Plan 12/13	
	<p>SS was welcomed to the meeting in the absence of Dr Ellis Friedman. It was noted by all that this item had been moved to an information item rather than for final decision as further work was required on the plan.</p> <p>SS advised that the presented draft plan captured all of the public health reactive work that had taken place last year and also outlined some proactive elements to take forward such as public health needs assessment and support for commissioning intentions.</p> <p>General discussion was held and agreed that the focus of the draft work</p>	

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	<p>plan needs to be narrowed down to public health specific deliverables and outline of priorities for 13/14, which would support current and new QIPP schemes and commissioning intentions. It was noted that future impacts on public health services should also be considered, such as sexual health, school nursing, transfer of health visiting 2015. The HCCG Board were assured that these issues would be considered through the Local Authority Health and Wellbeing Board.</p> <p>THE HCCG BOARD NOTED THE CONTENTS OF THE FIRST DRAFT PUBLIC HEALTH WORKPLAN AND AWAITED THE REVISED PUBLIC HEALTH WORKPLAN TO BE SUBMITTED TO THE OCTOBER 2012 FOR FINAL DECISION AND AGREEMENT</p>	
10.	Any other business	
	<p>Acoustics – it was agreed that acoustics in the room need to be improved. Cllr Simmonds agreed to address this matter.</p> <p>Royal College of Nursing – RL advised that a full time senior nursing post for the Cluster Board was in the process of recruitment over the next few weeks. EY confirmed that there was a nurse member on the Hillingdon Clinical Quality Group.</p> <p>Walk in Centre – TB advised that this matter had not been on the Cluster Board meeting at the beginning of September 2012. RL advised that a question had been asked about how the proposal fitted in with the wider Hillingdon strategy and a note of clarification had been provided and Chairs action had subsequently been agreed.</p>	DS
11.	Questions from members of the public	
	<p>Mrs Thomas requested clarification on the rapid response leaflet and was advised that this leaflet had now been sent to all GP practices and she welcomed this. MOB confirmed that there were no plans in place, within the current resources, to change the taking of bloods of patients. Mrs T also raised the issue of the joint letter within the local paper, that had been signed by IG, on “Shaping a Healthier Future, the truth about the proposals” and the resource implications which in her view were about cutting services specifically in the community. JV advised that there may be a movement of community resources, i.e., dementia services, looking at new provision of memory services to support patients.</p> <p>TB clarified that “Shaping a Healthier Future” was an investment programme across all 8 Boroughs of North London over a 3 year period.</p> <p>IG confirmed that “Shaping a Healthier Future” was not about cost cutting but about addressing the need for change to ensure that the NHS would be able to provide the best services for each health community.</p> <p style="text-align: center;">THERE WERE NO OTHER QUESTIONS</p>	

DATE OF NEXT BOARD MEETING

Friday 12th October 2012, 12.30 – 2.00 pm. CR 4, Civic Centre, LBH