

NHS Herts Valleys Clinical Commissioning Group

Board Meeting

held on Thursday, 2 April 2015 at 1.30pm

at the Bushey Sports Club, Aldenham Road, Bushey, Hertfordshire, WD23 2TR

Present

Nicolas Small	Chairman (Hertsmere GP)
Nicola Bell	Accountable Officer
Stuart Bloom	Deputy Chairman, (Board Lay Member) (<i>Item B/135/15 onwards</i>)
Mike Edwards	Board GP Member (Hertsmere)
Rami Eliad	Board GP Member (Watford and Three Rivers)
Trevor Fernandes	Board GP Member (Dacorum)
Alison Gardner	Board Lay Member
Keith Hodge	Board GP Member (Dacorum)
Clair Moring	Board GP Member (Watford and Three Rivers)
Jan Norman	Director of Nursing and Quality
Paul Smith	Board Lay Member
Alan Warren	Chief Finance Officer

In Attendance

Charles Allan	Director of Commissioning
Kevin Barrett	Chair of Watford and Three Rivers Locality
Louise Gaffney	Interim Director of Strategy
Lynn Hughes	Interim Head of Corporate Governance
Juliet Rodgers	Associate Director of Communications and Engagement (<i>item B/155/15 onwards</i>)
Caroline Sutherland	Patient Representative

17 Members of Public in Attendance

B/150/15 **Welcome and Apologies for Absence**

150.1 The Chairman welcomed everyone to the meeting. Apologies for absence were received from Robert Ghosh.

B/151/15 **Declaration of Interests**

151.1 There were no interests declared in relation to open items on the agenda.

B/152/15 **Minutes of Previous Meeting**

152.1 The minutes of the previous meeting held on 5 March 2015 were accepted as an accurate record subject to Kirsten Lamb should have been listed as in attendance as the Learning Disabilities Lead instead of the Mental Health and Learning Disabilities Lead.

152.2 **RESOLVED:** the minutes be updated and signed as a true record.

B/153/15 Matters Arising and Action Log

153.1 Matters Arising

B/138.2/15 Better Care Fund Update Report

It was noted that the figure reported at the meeting as being Herts Valley's share of the Better Care Fund '£117,734m' was incorrect.

153.2 Hertsvalleys CCG Healthwatch Representative

It was noted that Brian Gunson had been selected by Healthwatch as the Hertsvalleys CCG representative.

153.3 Action Log

It was agreed that all actions but one had been completed and the open action was planned to be completed by the next meeting.

B/154/15 Accountable Officer's Report

154.1 The Accountable Officer's report was noted. Specific reference was drawn to West Herts Strategic Review and the programme plans which continued to engage with communities and stakeholders.

154.2 It was noted that the Hertfordshire County Council Scrutiny Event had proved most successful and was well attended by staff at all levels from health service organisations across Hertfordshire.

154.3 The Accountable Officer was pleased to report that the Medical Director was due to commence in his role with the CCG on 27 April 2015.

154.4 In response to S Bloom's query, the Accountable Officer and K Barrett explained that as part of the Member Practice Commissioning Agreement the practice visits would be formalised. Practice clinical teams and members of the senior leadership team would offer support and guidance to practices during visits.

154.5 **RESOLVED:** the Accountable Officer's Report was noted.

B/155/15 Patient Story

155.1 J Norman presented a patient story in relation to experience received by a GP practice and complaints raised with respect to communication issues, complaints procedures and the musculoskeletal services available for patients in localities.

155.2 It was noted that there was a need to improve primary care facilities in relation to physiotherapy services for patients in localities as well as providing support to GP Practices with training and development of all staff including receptionists with regards to customer service. L Gaffney agreed to raise at a future TERL meeting.

ACTION B/155.2/15 (L Gaffney)

155.3 It was also noted that an agenda item would be added to a future Joint Co-Commissioning Committee meeting with NHS England with regards to the impact of primary care services.

ACTION B/156.3/15 (N Bell)

155.4 **RESOLVED:** the Patient Stories were noted.

B/156/15 Strategic Objectives

- 156.1 The Strategic Objectives of the CCG were noted to have been debated at length at the Board Development session on 19 March 2015.
- 156.2 The outcome of the Board Development session resulted in the Strategic Objectives being revised for 2015 to 2018 to reflect stakeholder views; reflect the CCG's ambition; reflect the CCG's values; and, are long term. Following discussion the revised Strategic Objectives were approved.
- 156.3 **RESOLVED:** the Strategic Objectives for 2015 to 2018 were approved.

B/157/15 Operational Plan 2015/16

- 157.1 L Gaffney presented the Operational Plan for 2015/16 which had been drafted following lengthy involvement with stakeholders. She explained that there was a possibility that the Operational Plan could change throughout the year if revised national guidance was issued.
- 157.2 It was noted that the Operational Plan demonstrated the integration arrangements in place across Hertfordshire as well as the Joint Commissioning arrangement in place with NHS England.
- 157.3 In response to S Bloom's query, J Norman explained that following the introduction of the Six 'C's the initiative had widened from covering nurses and Allied Health Professionals to include all health care workers. It was noted that J Williams from the CCG had been working on the initiative and a student had been placed with her for one month to gain understanding of the commissioning of patients' services.
- 157.4 In response to S Bloom's query with regards to the Locality Plans being dated as 2014/15, L Gaffney explained that the Localities were currently working on their plans for 2015/16 which would be presented separately to the Board once finalised.
- 157.5 A Warren referred to the 'Summary 2015/16 Financial Plan' section of the report and explained that the plan was required to be submitted to NHS England on 7 April 2015 for review and could change. He explained that at that time there was only one contract signed with one of the CCG's provider organisations.
- 157.6 P Smith commended the authors of the report for how well the sections of the report linked together. However, it was noted that the section on QIPP could have been presented more clearly to reflect the continuous improvement required year on year.
- 157.7 In response to P Smith's query, the Accountable Officer explained that contract discussions at the monthly Stakeholder Group would continue to take place throughout the year to focus on the delivery of providers' cost pressures.
- 157.8 In response to A Gardner's query, J Norman explained that the information stating that one in six of the CCG's population would experience mental health problems over the course of their life was incorrect and it was actually one in four. It was

agreed that the figure would be checked with Public Health prior to any amendments being made and before submission to NHS England.

ACTION B/157.8/15 (L Gaffney)

157.9 In response to M Edward's query, L Gaffney explained that arrangements would be made for the Operational Plan to be monitored by Commissioning Executive on a quarterly basis with a report presented on the outcome of each review to the Board going forward.
ACTION B/157.9/15 (L Gaffney)

157.10 **RESOLVED:** the Operational Plan for 2015 to 2018 was approved.

B/158/15 Integrated Quality, Performance and Finance Report

158.1 The Integrated Quality, Performance and Finance report was noted. Reference was drawn to the key elements of the report.

158.2 Performance

C Allan drew reference to the East of England Ambulance Service (EEAS) failure to achieve the eight minute response target in January and the first two weeks of February 2015. He explained that EEAS had plans in place and anticipated a noted improvement should be demonstrated by the end of March 2015.

158.2.1 Barnet and Chase Farm was noted to still not be in a position to return to national reporting on the UNIFT system and the Royal Free NHS Foundation Trust had informed the CCG that this would not take place until at least April 2015.

158.2.2 It was noted that NHS England and the Trust Development Authority continued to closely monitor all of the Cancer targets for West Hertfordshire Hospitals NHS Trust (WHHT); and it was noted that Accident and Emergency performance continued to be challenging across all acute providers in West Hertfordshire.

158.2.3 C Allan was pleased to report that the CCG had been notified earlier that week following the circulation of Board papers that the Improving Access to Psychological Therapies (IAPT) target had been achieved by Hertfordshire Partnership NHS Foundation Trust.

158.2.4 In response to R Eliad's query with regards to GP Out of Hours Services, K Hodge explained that there had been problems encountered to cover shifts for Out of Hours and negotiations were taking place around the revised contract arrangements which was noted.

158.2.5 S Bloom queried if there had been any noted improvement following the introduction of additional appointments through the Watford Care Alliance project. In response to that R Eliad explained that it was too early to assess if there had been a noted improvement made across the healthcare pathway.

158.2.6 In response to the Accountable Officer's concern with regards to the Stroke performance, C Allan explained that WHHT had reported information governance problems with regards to data input and had also experienced problems with recruitment to vacant posts in that area.

158.2.7 WHHT were praised for the significant improvements made to improve mortality and the hard work and determination that had taken place to achieve that.

158.3 **Quality**
J Norman drew reference to the CCG's involvement with the Stroke Community Services and its commissioning of services above the CCG national average. She explained that the Quality and Performance Committee had discussed in depth safer care and the plans in place to deliver that.

158.4 **Finance**
A Warren drew reference to the CCG financial position as at the end of March 2015 which was £70,000 ahead of plan. He explained that the CCG had forecasted to meet its surplus 1% requirement and the Annual Accounts were currently being finalised.

158.4.1 The Chairman drew reference to the Strategic Review currently taking place across West Hertfordshire which aimed to identify improvements required in respect of affordability of healthcare across the healthcare system.

158.5 **RESOLVED:** the Integrated Quality, Performance and Finance report was noted.

B/159/15 Better Care Fund Governance and Terms of Reference

159.1 The Better Care Fund Governance Arrangements and Terms of Reference for the oversight of the integrated health and social care projects including those within the Hertfordshire Better Care Fund were discussed and approved.

159.2 It was noted that prior to the Terms of Reference being presented to the Board for approval they had been discussed and approved by the CCG's Executive Meeting and Audit Committee as well as being discussed and approved by Hertfordshire County Council .

159.3 **RESOLVED:** the Better Care Fund Governance arrangements and Terms of Reference were approved.

B/160/15 2014/15 Annual Report and Accounts Proposed Approval Process

160.1 A Warren explained that the CCG had arranged for its Board meetings to fit with the NHS England's deadline date for submission of the 2014/15 Annual Report and Accounts with a Board meeting scheduled to take place on 4 June 2015 to approve these. As a result of NHS England bringing forward the submission date to 29 May 2015 he proposed that alternative arrangements were made.

160.2 Following discussion it was agreed that delegated authority was granted to the Audit Committee to review and approve the draft Annual Report and Accounts at its 19 May 2015 meeting and that the Accountable Officer would sign off the Annual Accounts upon recommendations received from the Audit Committee.
ACTION B/160.2/15 (Audit Committee)

160.3 It was also agreed that the draft Annual Report and Accounts would be circulated to all Board members for comment prior to the 19 May 2015 Audit Committee meeting.
ACTION B/160.3/15 (A Warren)

B/163/15 **Locality Update Reports**

163.1 **RESOLVED:** The Locality Report updates from the CCG's four localities: i) Dacorum; ii) Hertsmere; iii) St Albans and Harpenden; and iv) Watford and Three Rivers were noted.

B/164/15 **Questions from the Public**

Q1. There seems to be more reds than greens reported on performance across the CCG's provider organisations, does the CCG think this will improve over the coming year?

A1. The CCG has expressed concerns with providers over performance and will continue to work with providers to improve performance going forward.

It is anticipated that WHHT Cancer two week performance will notably improve by March 2016 and the 62 day performance should demonstrate a noted improvement by May 2015. It is anticipated that providers will continue to be challenged to achieve Accident and Emergency targets and the performance for IAPT will be reported as achieved for the period ending March 2015 within the Integrated Quality, Performance and Finance Report which will be presented to the next Board meeting.

Q2. What does SRG stand for and is the CCG creating more Committees?

A2. SRG is the System Resilience Group that is already in place. It is not an additional forum. It is a multi-disciplinary operational group which includes Executive members across the healthcare pathway and it is not a Board Committee.

NHS England requires CCGs to have in place a system across health and social care to cover emergency planning. That multi-disciplinary group discusses such things as urgent care, GP out of hours, planned care, etc.

Q3. There seems to be a lack of priorities by trained medical staff. Could there be reference made within documents of how staff are appreciated?

A3. There is concern nationally with regards to recruiting medical staff and there are workstreams in place to try and improve the position going forward. This includes training and development of current staff and encouraging new staff to join the health service.

The CCG works hard to involve clinicians to instigate change and will continue to do that going forward.

Q4. How do we see what is spent on the CCG and providers' budgets?

A4. Financial reporting is documented within CCG's and Providers Annual Report and Accounts and the sets that cover 2014/15 for CCGs should be available on internet sites at the beginning of June 2015.

Q5. How does the CCG assess the End of Life pathway and the quality that the patient receives?

- A5. There are a number of auditing mechanisms in place such as the CQC and also regular checks that the CCG are involved with. There are standards within contracts which providers are monitored against as well as regular surveys that take place.
- Q6. The use of agencies must be expensive what arrangements are in place to keep costs as low as possible?
- A6. Some agencies use zero hours contracts and pay staff a living wage which is marginally above the minimal wage.
- Q7. It is not clear on the internet sites where to complain for Homefirst Care?
- A7. It has been noted that there was concerns with the CHC service and the CCG had now brought that service in house and was working hard to improve the service it provided going forward.

Further discussion was agreed to take place outside of the meeting to answer questions raised by this member of public.

B/165/15 Any Other Business

165.1 There was no other notified business.

B/166/15 Risks Identified During the Meeting

166.1 It was noted that there was no new risks highlighted for inclusion on the Corporate Risk Register or Board Assurance Framework.

B/167/15 Date and Time of Next Meeting

167.1 The next meeting is scheduled to take place on Thursday, 4 June 2015 at the Niland Conference Centre, Rosary Priory, 93 Elstree Road, Bushey Heath, Watford, Herts, WD23 4EE.

B/168/15 Exclusion of Press and Members of the Public

168.1 The Chairman moved a resolution in order to move into private session to consider private items of business.

168.2 **RESOLVED:** that representatives of the press and other members of the public be excluded for the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2), Public Bodies (Admission to Meetings) Act 1960).

Signed: Date:

Nicolas Small, Chairman