

**NHS Herts Valleys Clinical Commissioning Group**  
**Board Meeting**  
**November 5<sup>th</sup> 2015**

<b>Title</b>	Committee Chairs' Report	<b>Agenda Item: 19</b>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Consideration <input type="checkbox"/> Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
<b>Responsible Director(s) and Job Title</b>	Nicola Bell, Accountable Officer	
<b>Author and Job Title</b>	Thelma Stober (Chair of Joint Commissioning Committee) Stuart Bloom (Chair of Joint Commissioning Committee) Paul Smith (Chair of Audit Committee) Alison Gardner (Chair of Patient and Public Involvement Committee)	
<b>Recommendations/ Action Required by the Board</b>	This report is a summary of outcomes from the most recent Board Committee meetings and the Board is asked to consider note this report	
<b>Classification</b> <i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>	No	
<b>Impact on Patients/Carers/Public</b>	A number of the reports on the individual Committee agendas involved engagement with stakeholders.	
<b>Engagement with Stakeholders/Patient/Public</b>	Representatives of patient groups routinely attend all committees, with the exception of Audit Committee	
<b>Links to Strategic Objectives</b>	All	
<b>Board Assurance Framework</b> <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i>	The committees provide assurance to the Board on the mitigation of most of the risks on the Board Assurance Framework	
<b>Does this report mitigate risk that is included in the Corporate Risk Register?</b>	No	
<b>Resource Implications</b>	None	
<b>Equality and Diversity</b> (Has an Equality Analysis been completed?)	Not Applicable	
<b>Legal/Regulatory Implications</b>	None	
<b>Sustainability Implications</b>	None	
<b>NHS Constitution</b>	<p><b>Principle 1:</b> The NHS provides a comprehensive service available for all</p> <p><b>Principle 2:</b> Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p><b>Principle 3:</b> The NHS aspires to the highest standards of excellence and professionalism</p> <p><b>Principle 4:</b> The NHS aspires to put patients at the heart of everything it does</p> <p><b>Principle 5:</b> The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</p> <p><b>Principle 6:</b> The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p><b>Principle 7:</b> The NHS is accountable to the public, communities and patients</p>	

	that it serves
<b>Report History</b>	None
<b>Appendices</b>	None

## Committee Chairs Report: November 2015

Joint Commissioning Committee	Dates of Meetings	Chair	Executive Lead
	September 17 <sup>th</sup> 2015	Thelma Stober	Simon Eckett
<p><b>Introduction.</b> The Committee met for the third time on 17<sup>th</sup> September and was chaired by the new permanent Chair. In order to meet the high standards of governance of the CCG, regulatory framework best practice in decision making and comply with its objectives</p> <p>Chair in her introduction made the following points:</p> <ul style="list-style-type: none"> <li>• The Committee has an important responsibility in the joint commissioning of primary care and it is important that we comply with regulatory framework guidance and high standards of corporate governance in discharging our responsibilities</li> <li>• We must ensure that papers are of the highest quality so that we can take informed decisions</li> <li>• Papers must be received in a timely manner so that questions can be addressed before the meeting</li> <li>• We need to identify conflicts of interest at an early stage so that these can be managed effectively through discussion prior to the meeting. Both members and officers should assist in this process</li> <li>• Reports should not be tabled on the day and will therefore not be accepted</li> <li>• Poor quality papers will be rejected in future by the Head of Corporate Governance</li> <li>• We should aim to set the highest possible standards in Corporate Governance</li> <li>• Committees members were asked for their support in achieving these standards</li> </ul> <p><b>Action Log.</b> A number of actions on the log were not met with no explanation. It was made clear that staff should set realistic timescales for follow-up actions and once agreed staff should then ensure they deliver.</p> <p><b>Issues.</b></p> <p><i>PCMF – Watford Care Alliance Update</i></p> <ul style="list-style-type: none"> <li>• The paper provided an update on the progress of WCA following the decision to extend the pilot to March 2016 using Winter Pressures monies. An evaluation will be undertaken in 2016.</li> </ul>			

- The importance of aligning the evaluation criteria with other initiatives in the Watford locality and that outcomes can be specifically attributed to this programme rather than the increasing capacity in primary care programme and extended hours DES, was pointed out. It was agreed that the proposed criteria be brought back to the committee in November

#### *Watford increasing capacity in primary care evaluation and 2015/16 recommendations*

The Committee could not approve the proposal to roll forward the 14/15 scheme to 16/17 in the Watford and three rivers locality as not all the relevant information had been provided. It was agreed that a revised paper addressing points raised, including setting out very clearly value of the continued investment should be circulated remotely for a committee decision outside of this meeting. The recommendations have now been approved.

#### *Primary Care Co-Commissioning proposal and next steps – joint to delegated arrangements*

The Committee considered and discussed the advantages and disadvantages, NHS England's direction of travel, Practices call for steer from HVCCG and actions required, relating to the move to delegated commissioning. The Committee noted the paper and agreed the proposed timeline.

A decision has since been taken to defer submitting an application for delegated commissioning for April 2016.

#### *Primary Care Infrastructure and improvement Grants*

#### *Update on Personal Medical Services (PMS) Contract Review*

The PMS review is a national NHS England programme which is to ensure fairer funding is applied to all GP contracts. LD advised HVCCG has 8 PMS contractors that are in receipt of additional PMS Premium funding totalling £859,588, which General Medical Services (GMS) contractors are not. PMS contractors have been provided with three contracting options. They have until the 1<sup>st</sup> of October to declare their chosen option. National NHSE guidance requires Area Teams and CCG's to ensure any PMS premium funding disinvested from PMS contracts is reinvested across all GP practices in the CCG they belong to. To assist this process NHS England (Central Midlands) set up PMS task and Finish groups with each of its CCGs to agree the reinvestment criteria. The appendices attached to this report outline the discussion and recommendation of the HVCCG PMS task and finish group. The committee was asked to support the recommendation on the assumption the 8 PMS contractors are anticipated to return to a GMS contract and have the PMS premium funding phased out of their contracts over five years commencing April 2016. The PMS task and finish group recommended the PMS premium funding in year 1 should be reinvested in phlebotomy services across all GP practices in HVCCG this equates to an additional £0.27 pence per patient. All 4 GP members provided their clinical perspective to the discussion. It was suggested additional phlebotomy services may not be required

in all localities and proposed that the phlebotomy is approved, but In the event a CCG locality perceives increasing additional phlebotomy capacity is not a priority in their locality they can consider an alternative reinvestment. In doing so they will be required to submit their proposal to the Joint NHSE/HVCCG PMS task and finish group outlining their rationale, the audit and reporting process to evidence how the additional investment will be utilised. The clinicians rescued themselves from the decision making.

Furthermore the Committee was not quorate as there were no clinicians present due to conflicts of interest and also there was only one Executive Director Committee member in the meeting when two were required for decision making. As a result a decision could not be taken on the report. It was agreed that a revised paper to include the clinicians proposal which should be circulated remotely for a decision to be made outside of this meeting subject to (i) further evidence relating to the recommendation of how the budget should be invested, including the application of the CCG's ethical criteria (ii) decision making by Localities (iii) Key risks evaluated. The decision on PMS recommendations to be cascaded one agreed .The report has now been approved.

#### *Flu Immunisations – 2015/16 Action Plan*

The committee was asked approved the CCG's Flu Action Plan for 2015/15.

However having considered the report a number of queries were raised which needed addressing to members satisfaction including identification of associated risks and mitigation measures. As a result the Committee deferred a decision and asked that these be addressed and then circulated for approval. The recommendation has now been approved

#### *Update on nurse revalidation and support to primary care*

The Committee considered and noted the content of this report

#### *AOB*

#### *Premises Support*

The subject of premises support was raised. It was pointed out that there were five individuals providing this support from NHS England presently and a proposal was being developed on Joint Funding for the team. The budget implication for HVCCG is £30k and a proposal will be produced in due course.

#### *Quoracy of Committee*

A number of reports could not be approved due to lack of a quorate. It was agreed that the Head of Governance will raise the issue of lack of Quoracy with the Executive Team so this issue is addressed for future meetings.

Audit Committee	Date of Meeting	Chair	Executive Lead
	October 1 <sup>st</sup> 2015	Paul Smith	Alan Warren

The key elements of the meeting held on October 1<sup>st</sup> were as follows:

- The Committee noted the latest entries on the gifts and hospitality register and proposed amendments to the conflicts of interest policy, which included further commentary on this subject as well as ensuring overall consistency with NHS statutory guidance on the subject. It was agreed that we needed to continue to communicate the need for the greatest possible clarity and transparency about gifts and hospitality offered and/or received.
- The Committee reviewed the CCG Decision Register, which appeared to give a very thorough view of decisions taken within the CCG, and the management of interests therein. It was agreed this provided substantial assurance around this topic. The Committee recommended that the narrative in the report give more explanation of how conflicts were dealt with as part of individual decisions as well as recording the fact they were identified.
- The Committee noted that the CCG had provided input to main providers to support development of their annual Quality accounts and that issues raised as part of this were routinely followed up on in Contract review meetings as well as in the Quality & Performance Committee.
- The Committee welcomed the new external auditors who had been appointed for the CCG and encouraged them to work closely and constructively with the Finance team, as the previous auditor had done.
- Internal Audit reported on their recent audit into Governance, which they had assessed positively as amber green. There are no issues that need to be drawn to the Board's attention. Closure of open recommendations is largely on track and is getting appropriate management attention.
- The Committee was updated on counter fraud work and the progress in the counter fraud plan. It was noted this was on track, with no issues requiring notification to the Board.
- The risk session considered the latest version of the Board Assurance Framework, which had been refreshed following a Board development meeting discussion on key risks. The Committee encouraged the demonstration of greater linkage between causes of risks occurring and the controls designed to address those causes. However, overall, it was agreed that the BAF was in its best state yet and that really good progress had been made.

- The Committee also discussed BAF risk 2.3 that “inadequate governance structures and management systems could lead to failure to provide high quality care at West Herts Hospital Trust”. A lot of the discussion was around the CQC visit and assessment, the resultant action plan, and our role as lead commissioner in assessing progress against that plan. Overall the Committee recognised the work that had been done and which still needed to be done to address the risk but was assured that there did appear to be significant management focus, both within the CCG, and externally, on the necessary actions.

Quality and Performance Committee	Dates of Meetings	Chair	Executive Lead
	October 29 <sup>th</sup> 2015	Stuart Bloom	Alan Warren / Charles Allan

#### Matters discussed at the meeting of October 29<sup>th</sup>

##### 1. Financial Recovery Risk Mitigation Plan.

- Need to ensure delivery of the plan so HVCCG achieves break-even for 2015/16 outturn.
- A tight focus is required in the last five months of the year.
- There are still some risks.

##### 2. QIPP

- Detailed look at three areas of poor performance and three areas where stronger emphasis needs to be brought to bear.
- A big push is underway on validations.
- Robust efforts will continue to be required to turn around the respiratory scheme which is currently underperforming: work is underway.
- The Running Cost Allowance is forecast to be delivered in budget by the end of 2015/16.
- Further efforts required to address concerns about GP/locality understanding of all the issues involved and their capacity to contribute to delivery. Engagement risk and actions on BAF to be reviewed.

##### 3. Francis Report

- This is sufficiently embedded to be built into ‘business as usual’ going forward.

##### 4. Transforming Adult Community Services: Community Beds

- The complete intermediate care beds situation is being reviewed further to closure of Gossoms End. Some concerns were raised in relation to winter pressures and the Committee will monitor the ongoing situation closely.

**5. Saville Report**

- This work is to be built into 'business as usual'.

**6. Annual Review of Committee Effectiveness**

- Fully acceptable. Workplan to become a standing item for this Committee.

**Key risks discussed**

1. Staffing, all providers.
2. Aligning local risk registers with corporate risk register and BAF.
3. Review actions for engagement with GPs.

Patient and Public Involvement Committee	Dates of Meetings	Chair	Executive Lead
	October 28 <sup>th</sup> 2015	Alison Gardner	Juliet Rodgers

Matters discussed at the meeting of October 28th

1. Confirmation of Caroline Sutherland's re-appointment as Patient Representative to the Board for a further two years.
2. Changes to Patient Representation on the Committee.
3. Patient Participation Update Participation tracker and highlights report. This report describes the focus of engagement activities in the previous period. Included in the report is a Participation Tracker which describes how agreed actions from the Participation Strategy are being progressed. Items highlighted were:
  - Your Care, Your Future moving from Strategic Outline Case to design of new services; input from local people and stakeholders remains key to the success of Your Care, Your Future, and the next phase of engagement will mean communities getting involved in the design work for each of the local care networks (hubs). Engagement plan to be discussed at next meeting of the Committee.
  - West Herts Patient Practice Group Network meeting held on 29 September 2015 went well. Number of Patient Practice Groups in Watford and Three Rivers Locality was discussed and will be addressed in a number of ways to encourage wider engagement.
4. Update on Safeguarding Vulnerable Adults Communications and Engagement

- A public engagement sub group across a number of partners is working to raise awareness of adult safeguarding in Hertfordshire and the role of the safeguarding adults Board.
- A survey underway to establish level of understanding within Hertfordshire of what is meant by 'Safeguarding Adults' to ensure that the public can recognise adults at risk of abuse and what to do if they have concerns.

5. Locality Reports – items highlighted from each Locality were:

- *Dacorum:*

- Concerns about consultancy costs for Your Care, Your Future
- Disconnect with Your Care, Your Future
- On-going concerns about future of Hemel Hospital

- *Hertsmere:*

- Initiatives to recruit to PPI groups
- Reminder that Locality PPI groups should be registered with Locality Practices
- WHHT CQC inspection and outcome – some of the urgent concerns raised by the CQC have already been addressed and patients should not be concerned
- Increasing capacity in Primary Care – Hertsmere practices intended to use the funding to provide additional GP and Nurse appointments

- *St Albans and Harpenden:*

- Confidential medical data – concerns about the NHS's decision to provide pharmacies with patients' medical data. Draft code of practice for Hertfordshire pharmacists on data security to be provided for consideration by the Patient Group.
- Clinical Pharmacists – NHS pilot to integrate pharmacists into GP surgeries to help patients manage minor illnesses and long term conditions, relieving pressure on GPs.
- Open invitation to the AGM on Wednesday 25 November 2015

- *Watford and Three Rivers:*

- Following on from the successful Big Family Sports' Day on 19 September 2015, there would be a Community at the Colosseum event on Saturday 31 October
- Concerns about reductions in County Council bus subsidies
- Questions about Your Care, Your Future implementation
- 11/12 Watford practices would be taking part in the Latent TB screening programme

6. Report of Patient representative involvement in Herts Valley CCG business meetings which included:

- Quality and Performance Committee
- Living Well Integrated Care Meeting

7. Update on the Integrated Diabetes Pathway

- Overview of the CCGs plans around an integrated diabetes pathway
- The CCG is working to develop a new integrated model based on best practice and local feedback
- The proposed model is the full integration of acute and community services, with stronger support for GPs
- Aims include:
  - improved diabetes services to patients, making them more person centred and closer to home
  - self-management and prevention
  - Outcomes based approach
- Questions about geographic spread of amputations caused by diabetes across the CCG area to be investigated
- Need to ensure that patients understand the serious nature of diabetes

8. Community Bed Based Units Update

- Update on the review of community bed based units which included a review of the numbers and types of community beds available, geographical allocation and current issues.
- Rationale for the temporary closure of Gossoms End Community inpatient unit in Berkhamsted. The key issues are a) safer staffing levels are unable to be maintained b) Long length of stays c) relatively high % of delayed transfers of care c) high vacancy rate and d) high use of Bank and Agency Staff.
- Quantum type IMC model proposed based on the findings from East and North Herts CCG
- Patient Representatives questioned the future of the site at Gossoms End and asked if it would reopen.
- They challenged the distance of travel for some patients

9. Finance Update
- An update on the current financial situation was provided. This included:
    - An explanation of the requirements of NHS England to increase acute activity at the start of the year, which resulted in unidentified QIPP savings of £3.2million
    - Breakdown of the budget
    - Need to ensure delivery of the plan so HVCCG achieves break-even for 2015/16 outturn
    - A tight focus is required in the last five months of the year
  - Patients need to be aware of and communicate the financial pressures and be conscious of their part to play
  - It was agreed that a Finance update would be provided to the Committee on a quarterly basis
10. Update on Your Care, Your Future
- Commitment by all organisations involved to deliver
  - How are we all going to work differently to deliver?
    - Programmes of Care (care pathways) – joined up care
    - Localities (the Hub) – what do people need?
    - Delivery Leaders and Partners
    - Enablers – estates, IM&T, communications, workforce
  - Patients crucial to delivery – PPI Committee, Locality Groups, Practice Groups
  - Patient concerns were:
    - Lack of understanding about Hubs
    - Credibility gap
    - Lack of public engagement and support
11. Update on MusculoSkeletal / Spinal Pathway (including pain services)
- The current fragmented service across each locality was described
  - Plans for Service Review and Redesign in 2016/17 were outlined:
    - The CCG is working with Hertfordshire Community NHS Trust and West Herts Hospitals Trust
    - Re-design to eliminate duplication and fragmentation of services
    - improved outcomes for patients
  - Patients to be involved in service re-design once outline business case approved

12. CQC Inspections outcomes report.

- The report detailed the outcomes following inspections by the Care Quality Commission visits to HCT, HPFT, WHHT and Bucks NHS Trust.
- CCG Accountable Office and Acting Director of Nursing and Quality members of the Oversight Committee at WHHT
- Deputy Director of Nursing present two days a week to address governance and Serious Incident system weaknesses
- Monitoring of actions by the Nursing and Quality Team via Quality Review meetings and ward visits
- CCG doing deep dive on Safeguarding
- Staff morale at WHHT was discussed
- CCG should do more to promote their active involvement in the support and turn-around actions at WHHT to provide greater public confidence
- The group proposed that there was good potential in developing an interface with provider patient groups to support the Trust
- The turn-around achieved at Barnet and Chase Farm Hospital was noted in order to learn and be encouraged by their improvement
- GP Member Practices – status update. All practices should be visited each year, but CQC currently behind schedule