NHS
North West London
Collaboration of
Clinical Commissioning Groups

NW London CCGs' Shadow Joint Committee

Minutes of the meeting held on Thursday 5 July 2018,

15.00–17.00hrs

Mozart & Beethoven Rooms, 2nd Floor, Hillingdon CCG, Boundary House, Cricket Field Road, Uxbridge, UB8 1QG

Members of the Committee:

Name:	**Role:**
Marcia Saunders (MS)	Interim independent chair, Shadow Joint Committee
Mark Easton (ME)	Accountable Officer, NW London CCGs
Andrew Steeden (AS)	Chair, West London CCG
Caroline Morison (CM)	MD, Hillingdon CCG
Christine Vigars (CV)	Healthwatch Representative
Diane Jones (DJ)	Chief Nurse/ Director of Quality, NWL CCGs
Ethie Kong (EK)	Chair, Brent CCG
Graham Hawkes (GH)	Healthwatch Representative
Ian Goodman (IG)	Chair, Hillingdon CCG
Janet Cree (JC)	MD, Hammersmith & Fulham CCG
Javina Sehgal (JS)	MD, Harrow CCG
Jonathan Turner (JT)	AD QIPP & Planning, Brent CCG (for Sheik Auladin)
Jules Martin (JM, phone)	MD, Central London CCG
Lindsey Wishart (LW)	Lay member, audit and finance
Louise Proctor (LP)	MD, West London CCG
Dr. Martin Lees (ML)	Secondary Care Consultant
Mary Clegg (MC)	MD, Hounslow CCG
Neil Ferrelly (NF)	Chief Finance Officer, NW London CCGs
Neville Pursell (NP, phone)	Chair, Central London CCG
Nicholas Young (NY)	Lay member, patient representation
Nicola Burbidge (NB)	Chair, Hounslow CCG
Philip Young (PY)	Lay member, audit and finance
Richard Smith (RS)	Lay member, Harrow CCG (for Amol Kelshiker)
Tessa Sandall (TeS)	MD, Ealing CCG
Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG
Vijay Taylor (VT)	Vice-Chair, Ealing CCG (for Mohini Parmar)

Non-members in attendance:

Alex Harris (AH)	Corporate Governance Officer, NW London CCGs
Ben Westmancott (BW)	SRO NW London Governance Development
Emma Raha (ER)	Corporate Governance Manager, NW London CCGs
Huw Wilson-Jones (HWJ)	Interim Director of Acute Medical Commissioning
Rory Hegarty (RH)	Director of Communications and Engagement

Apologies:

Amol Kelshiker (AK)	Chair, Harrow CCG
Mohini Parmar (MP)	Chair, Ealing CCG
Sanjay Dighe (SD)	Lay member, patient representation
Sheik Auladin (SA)	MD, Brent CCG

General business	Action for
1. Introductions, apologies and declarations of interest The meeting was opened by the Interim Independent Chair of the Committee, Marcia Saunders. As it was the 70th anniversary of the foundation of the NHS, the meeting began with celebrations and tributes, led by the Independent Chair. Tributes were also given by: • Diane Jones, Chief Nurse/ Director of Quality • Lindsey Wishart, Lay member for audit and finance • Tim Spicer, Chair of Hammersmith and Fulham CCG **2. Minutes of the previous meeting held on 4 May 2018** • Dr. Martin Lees confirmed that he was in attendance at the previous meeting. With this change, the minutes were approved as a true and accurate record of the proceedings. **Declarations of Interests** Marcia Saunders reminded members to keep the interests register up to date as well as declaring them for specific agenda items. This included those attending in place of a member. There were no other declarations of interests. **3. Actions Log** • The actions outstanding and matters arising from the prevous meeting were discussed, and a more detailed status report is attached as Appendix A to these minutes. **4. Shadow Joint Committee – Communications and Engagement Statement** The item was introduced by RH. NY stated that he was happy with the statement as it currently stood, and expressed the view that there should be consistency of message between what is sent out to staff and what is sent to patients. Members concurred in supporting the statement which would now be circulated.	
Joint commissioning and finance	**Action for**
5. Overview of acute and core mental health services The item was introduced by the Director of Acute Commissioning, Huw Wilson-Jones, with the purpose of updating the committee on the status of service across NW London. Points raised in discussion of the item, along with further comments and responses to questions, included the following: 1. In response to queries from members, HWJ stated that he would update members offline about the year-to-date month 1 plan figures, and recorded activity figures. 2. HWJ also stated that he would follow up with IG outside of the meeting to discuss the relationship between non-elective and outpatient activity. 3. HWJ clarified that in his conversations with service managers, many patients using A&E chairs did not spend long there. There were currently discussions in A&E	

boards as to the appropriate payment mechanism. 4. Provider CFOs had agreed that there needed to be alignment on how activity was recorded across NW London, as well as how this activity was paid for. 5. ME noted that it would be useful to be clear on how discrepancies in activity recording can be tackled in-year and how this can be renegotiated for next year. 6. London North West Healthcare NHS Trust's financial plan for non-elective activity was urgently awaited. 7. HWJ stated that he would update VT outside of the meeting on the scaling for the activity figures in relation to NW London. ➢ **Resolved: Further drafts of the report should be more closely linked-up with quality and performance, with the objective of assuring the Committee that contracts are delivering appropriate quality and meeting patient needs.**	***HWJ***
6. M2 financial position The item was introduced by NF. The Committee noted the report.	
7. Joint commissioning intentions for 2019/20 The item was introduced by HWJ, who highlighted that there was a plan to get a full set of commissioning intentions out by 30 September 2018. He had been liaising with the Assistant Director of Business Planning and Performance, David Thomas, as well as the QIPP steering group to integrate this with key strategic themes. Further comments and responses to questions included the following: 1. CM requested that CCG intentions be collated and communicated to providers earlier than is currently done. HWJ explained that QIPP projects were not always explained well from a provider point of view and this year the contracting team had organised a presentation to the trust in Imperial, which had worked well, and recommended that this approach be adopted more widely. 2. ME added that there should be a seamless and comprehensive tie-in with what CCGs say individually to providers and what is said on behalf of NW London as a whole. There also needed to be a target set to ensure that QIPP plans were recognised in contracts. 3. LP added that alignment of work programmes would lead to a clearer fit across NW London. ME added that providers would have a clear idea around outpatients and that would stand as a good example of how we need to be working. 4. JC added that the move from a CCG focus to a NW London one (with respect to joint commissioning intentions) was being aimed at. If the NW London-wide aspirations don't match up with what CCGs themselves are aspiring to then there would be a fragmented picture. There should therefore be a plan that was cohesive across NW London. ➢ **Action: The next meeting to receive a report on this item that would give assurance on the alignment of NWL and CCG commissioning intentions.** ➢ **Resolved: The strategy team & QIPP lead teams to clarify what is NW London QIPP and what is CCG-specific QIPP (strategy team with QIPP lead team)**	***HWJ*** ***Strategy & QIPP lead teams***

8. Sustainability and Transformation Plan (STP) report

The item was introduced by the Interim STP Director, Juliet Brown. STP reports would now be a routine agenda item. Points raised and responses to questions included the following:

1. Work had been done on a NW London scale around working clinically together with others in the STP to formulate a strategy for collaborative working. To this end, there had been successful work with local authority colleagues on a cohesive agenda for prevention, which identified three priority areas: 1) childhood obesity, 2) alcohol and 3) homelessness.
2. The primary care at scale funding agreement had been received. There had also been more work on primary care apps, in particular on diabetes care.
3. The wave 4 capital prioritisation process was close to completion and the submission was due to be submitted to NHS England. There was a list of programmes which partners were content with, and this would continue to be developed.
4. Two programmes had also be nominated for the NHS 70th parliamentary awards, and the Mental Health training programme had won, meaning it would now go forward for the national awards.
5. PY welcomed this report. He noted that at the day's earlier audit committee there had been questions raised around STP governance. STPs were not themselves legal entities. Internal audit had raised concerns that there was insufficient lay member and patient involvement in STP governance.
6. ME advised that it was anticipated that the new NHS plan (due to be published in November 2018) might encourage further integrated working. JB confirmed that all delivery areas currently had patient representation on them.
7. It was noted that the language of the STP needed to be clear to engage the understanding of many patients, partners and the wider public.
8. JB stated that she recognised the importance of GP provider maturity evaluations. Every CCG now had those evaluations taken, or they were being scheduled to take place. The primary care at scale bid to NHS England formed part of that.
9. CV stated that patient engagement had to be done from the ground up – it was not merely a question of having a certain person sit on a certain committee. Delivery needed to be reviewed across all areas.

   - **Action: The report was noted and it was also noted that the format would develop over the coming months, to provide an active link with and stronger assurance of the work of the STP.** ***JB***

9. Board assurance framework

The item was introduced by the Senior Responsible Officer, NW London Governance Development, Ben Westmancott, with the purpose of updating the committee on the development of a NW London-wide board assurance framework. Points raised in introduction and responses to questions included the following:

1. Outcomes needed clearer expression within subsequent developments of the BAF; currently, the outcomes listed in the paper were often process points such as "a review will take place", which was not a clear outcome.
2. MS also stressed the need for this to link with the STP and integrated care systems, to support the JC's work programme, risk analysis and agenda setting.
3. LW added that with regard to controls and assurances, she felt that in the current

report they were expressed too indirectly and they needed more precision in order to assure her as a governing body member. 4. ME stated that there are three big themes that have been drawn out from discussions around risk in NW London. These were: 1) the STP, 2) finance and performance and 3) quality. He suggested the BAF was organised around these themes. In relation to quality, a NW London quality and performance committee was being established. 5. NF noted that last year, the experience that had generally been expressed locally with respect to continuing care pressures was that this area was considered a risk, and this did not seem to be captured in the BAF as it currently stood. 6. ME confirmed that the BAF remained a work in progress which would updated with the comments received. 7. CV stated that quality was the issue that was of utmost concern to patients. ➢ **Action: this item would be brought back to the September meeting. MS noted that CCGs were currently commenting on the BAF and further comments from individual committee members were invited, particularly over the coming months, to inform the next version.**	***BW***
10. Collaboration development programme update The item was introduced by the Accountable Officer, NW London CCGs, Mark Easton. Points raised in discussion included the following: 1. ME briefed the committee on progress and drew attention to the joint Governing Body seminar on 2nd August, where we will be going through the new arrangements. 2. GH stated that the impact on patient services was currently expressed as a process, as opposed to an overview of what was happening. He stated that he would welcome a report that better reflected what was actually being achieved as opposed to what was hoped to happen. ➢ **Action: the committee agreed that it would begin meeting in public from the date of the next meeting, 6 September 2018.** **Terms of reference for the joint committee** 3. CM stated that Hillingdon governing body members had requested clarification on voting arrangements for vice chairs. She also noted that in future we should state that we will not just circulate, but publish, agendas. 4. GH noted that there were now two, rather than one, Healthwatch representatives on the Shadow Joint Committee and this change should be reflected in the terms of reference. 5. IG requested that the terms of reference make more explicit when voting arrangements would be reviewed. BW responded he would make it clear that they would be reviewed after six months of operation. 6. GH also noted that there were Hillingdon-specific issues relating to conflicts of interest – Hillingdon GPs were part of the accountable care partnership, and this should be disclosed in the register of interests. 7. BW clarified that the process for the recruitment of lay members to the Joint Committee would be the same as the process followed whilst in shadow form. 8. RS felt that the ambition to rotate joint committee meetings around CCGs would be impractical, and suggested that meetings be held in a central location, instead. GH responded that on the other hand, rotating meetings around eight CCGs would	***AH***

enable more members of the public to attend. RS responded that for members of the public living in a specific area, this would only affect one out of eight meetings. 9. BW clarified that in instances in which the secondary care clinician could not attend a meeting, another secondary care doctor would deputise. ➢ **Action: BW to amend the terms of reference, in light of the discussions.** ➢ **Action: BW to review cover sheets for the joint committee and further review guidance and support given to report authors to ensure that reports are drafted in a public-facing and accountable manner.** **Timeline for suite of producing governance documents** 10. The timeline was noted. 11. VT questioned what would happen if a CCG went to a membership vote and the constitutions were not approved. BW responded that this would have to be taken on a case-by-case basis.	***BW*** ***BW***
11. Any other business The Committee gave heartfelt thanks to Dr. Ethie Kong and Dr. Amol Kelshiker, SJC members who had completed their terms of office as CCG Chairs for Brent and Harrow respectively.	
Total meeting time: 110 minutes **The meeting was closed at 16.50hrs** • **Date of next meeting:** 6 September 2018 – venue to be confirmed.	