

Minutes

Minutes of the West Hampshire Clinical Commissioning Group Board meeting held on Thursday 3 May 2012 at 2.30pm in the Boardroom, Omega House, 112 Southampton Road, Eastleigh, SO50 5PB.

Present:

Dr Sarah Schofield	Clinical Executive Director (Chairman)
Dr Nigel Sylvester	Clinical Executive Director (Vice Chairman)
Dr Tim Thurston	Clinical Executive Director
Dr Jim Rose	Clinical Executive Director
Heather Hauschild	Executive Director
Mike Fulford	Interim Chief Financial Officer
Di Gouldie	Hampshire LINK Management Board Member
Margaret Wheatcroft	Non Executive Director, SHIP PCT Cluster
Dr Ruth Milton	Director of Public Health, NHS Hampshire
Gill Duncan	Director of Adult Services, Hampshire County Council

In attendance:

Cheryl Harding-Trestrail	Cardiovascular Programme Lead, SHIP PCT Cluster (agenda item 25)
Dawn Buck	Associate Director of Engagement & Insight
Hannah O'Neil	Communications & Engagement Manager
Jackie Zabiela	Business Services Manager (Minutes)

Apologies:

Simon Goodison	Clinical Executive Director
Martin Cox	Hampshire LINK Management Board Member

1 Chairman's Introduction

1.1 Sarah Schofield welcomed everyone present to the eighth meeting of the West Hampshire Clinical Commissioning Group Board.

2 Declarations of Interest (*Paper WHCCG12/071*)

2.1 Sarah Schofield referred the Board to the Declaration of Board Members Interests. Heather Hauschild requested that it be noted that she is also the Executive Director for Calleva CCG. No specific interests were declared relating to issues to be discussed at this meeting.

2.2 AGREED:

The WHCCG Board agreed to accept the Register of Interests.

3 Minutes of the Previous Meeting held on 5 April 2012 (*Paper WHCCG12/072*)

3.1 The Board received the draft minutes of the meeting held on 5 April 2012. No amendments were requested.

3.3 AGREED:

The WHCCG Board approved the Minutes of the meeting held on Thursday 5 April 2012 as being a correct record, and commended them for signature by the Chairman.

4 Matters Arising

4.1 No additional items were raised by members of the Board.

5 Action Tracker (*Paper WHCCG12/073*)

5.1 The Board reviewed the Action Tracker, noting those which had been completed and rated as 'Green'. The following updates were provided:

5.2 Clinical Quality Concerns.

5.2.1 An updated tracker was tabled which detailed updates on some of the clinical quality questions raised at previous meetings. Heather Hauschild advised that there remained a number of questions on all of these issues, which had been reviewed by Heather, Jim Rose and Ayo Adesina. Heather advised that Jim Rose has now taken over the Board lead for clinical governance and will sign off future reports. In future, Board assurance will be received via the Clinical Governance Committee.

5.2.2 Gill Duncan stated that she would welcome the opportunity for Social Care representation at the Clinical Governance Committee, in particular to link with the CCG around out of hospital care / learning disability care etc, to facilitate joint working and to share knowledge. It was agreed that the membership of the Clinical Governance Committee would be reviewed. **ACTION: Jim Rose**

5.2.3 **Post Meeting Note:** The outstanding actions in relation to Clinical Quality concerns will be transferred onto an action tracker for the first meeting of the Clinical Governance Committee.

5.3 Item 12/074: Quality Reports: General. Heather Hauschild reported that, as agreed at the last meeting, she had raised the Board's concerns around quality assurance with the SHIP Cluster Director of Nursing, both in writing and verbally. She is considering the way forward and the CCG will also review its future structures and how it will obtain quality assurance.

5.4 Item 12/069: QIPP Opportunities: Prescribing. Nigel Sylvester reported that he has been in discussion with the Clinical Director: Medicines Management with regard to obtaining comparative prescribing data for our CCG versus neighbouring areas. He reported that there will be plan ready for discussion a week before the next Board meeting.

5.5 **AGREED:**

The WHCCG Board agreed to accept the verbal updates on the Action Tracker.

6 CCG Authorisation Update (*Paper WHCCG12/074*)

6.1 Heather Hauschild reported that, at the time the reports had been written, the CCG had been aiming for a 'Wave 1' application submission. The CCG has recently submitted questionnaires to the Strategic Health Authority (SHA), who subsequently advised that, although the CCG is ready for 'Wave 1', we have been put back to 'Wave 2' due to logistical issues. However, this will allow a little extra time to complete the work required and for development of the Board roles etc. The Timeline for Authorisation will therefore need to be updated.

- 6.2** Gill Duncan reported that the CCG had recently been provided with information on the support that Hampshire County Council (HCC) can provide in relation to evidence for authorisation. Nigel Sylvester added that Sarah Schofield will now be taking over the CCG presence at the Hampshire Health & Wellbeing Board.
- 6.3** It was pointed out that the High Level Transition Plan is actually a CCG development plan. A full transition plan will need to be developed which will clearly identify what the CCG will be taking over from the SHIP Cluster e.g. transfer of staff. Heather Hauschild stated that she would expect to see the Cluster transition plan, which will allow the CCG plan to be updated.
- 6.4** Sarah Schofield reported that members of the CCG Executive had been invited to attend an end of year review with representatives of the SHIP Cluster and the SHA. There had been questions around how the CCG had functioned over the last year, mixed with a demonstration of what it would be like to go through a NHS Commissioning Board (NCB) assessment. The feedback received has been very positive.
- 6.5** It is possible that all the members of the Governing Body will need to be scrutinised with regard to how well the CCG is functioning at a formal NCB assessment. It was suggested that some development around this may be helpful.

6.6 AGREED:

The WHCCG Board agreed to accept the Authorisation update report.

7 Risk Strategic Framework (*Paper WHCCG12/075*)

- 7.1** The Board received a draft Risk Strategic Framework. No comments or queries were raised.

7.2 AGREED:

The WHCCG Board approved the Risk Strategic Framework for use within the CCG.

8 Clinical Governance Strategic Framework (*Paper WHCCG12/076*)

- 8.1** The Board received a draft Clinical Governance Strategic Framework. No comments or queries were raised.

8.2 AGREED:

The WHCCG Board approved the Clinical Governance Strategic Framework for use within the CCG.

9 Development of Commissioning Support Update

- 9.1** Heather Hauschild reported that the eight SHIP CCGs have been working together in order to develop a response to the Commissioning Support South (CSS) offer. A Memorandum of Understanding has been signed and was amended following feedback as discussed at the last Board meeting. CSS is working to a deadline of the end of May to develop the specifications for each of the services that they will offer. The CCG Executive Directors have agreed to take lead roles in the review of the various specifications. Until the eight CCGs have sight of the detail within these, they are not in a position to make decisions around which services are required and how each CCG will be structured. The SHIP CCGs are collaborating effectively and will need to reach a conclusion over the next 6 weeks around structures etc.

9.2 Gill Duncan advised that there is great potential for collaboration between CSS and HCC, particularly with regard to the five Hampshire CCGs. It was reported that CSS have established a management committee which Heather Hauschild and the clinical chairs have been invited to attend. It was suggested that this would be the appropriate forum to raise this issue.

9.3 Tim Thurston stated that there are some non-NCB Primary Care commissioning elements that need to be considered. Heather Hauschild responded that this is something for the CCG to think about as it is unlikely that there will be CSS support for this. It is also not clear at present who will be providing commissioning support to the NCB unit. The Board agreed that it would not be satisfactory to be scrutinised by the same people who are providing support to the NCB in future.

9.4 AGREED:

The WHCCG Board received the verbal update on the development of commissioning support.

10 Finance and Performance Report – Month 12 2011/12 (Paper WHCCG12/077)

10.1 Mike Fulford highlighted that the year-end position for the CCG is break even. There was significant over performance of the University Hospital Southampton Foundation Trust (UHSFT) acute contract and prescribing budget overspends, which were balanced out by underspends in other areas and the use of contingency funds.

10.2 There are a number of significant performance issues across the area and a number of discussions have taken place, particularly around the UHSFT system. UHSFT have not met the Emergency Department target for quarter 4 but delivered the Referral to Treatment Time (RTT) target by aggregate level by March. The indication for Hampshire Hospitals Foundation Trust is that they would have just failed the RTT target for quarter 4.

10.3 AGREED:

The WHCCG Board agreed to accept the Finance and Performance Report for Month 12 2011/12.

11 Budget Setting: 2012/13 (Paper WHCCG12/078)

11.1 Mike Fulford introduced the report, which detailed how the budgets have been set for 2012/13. These are in line with and support the CCG Operating Plan. The report also confirms the running cost allocation and indicates that the CCG will still have a financial gap around the QIPP programme.

11.2 Clarification was sought around section 9, 'CCG Running Costs'. The maximum that the CCG can spend on running costs is £25 per head of population. In terms of the shadow year, the Cluster is indicating that costs will be in line with the existing running costs, however, some work needs to be undertaken in order to establish the exact figure. During Quarter 1, budgets and costs will be allocated and apportioned to CCGs based on existing usage in order to provide a baseline position. With regard to WHCCG, this will be low as we have been holding vacancies. Mike Fulford stated that he will ensure that the CCG is allocated an appropriate budget, as this will be a baseline budget position.

11.3 It was reported that there are some headline costs being allocated to the CCG, amounting to £21 per head. This will be discussed at a working group taking place later in the month in order to ascertain how this figure has been reached. The CCG will need to ensure that it has an effective managerial and clinical team within the

running cost allocation. The budget review processes taking place in June will establish the budgets set for next year.

- 11.4** It was advised that some anxiety has been expressed in the localities around their delegated budget. Mike Fulford stated that there will be an allocation, however, there will need to be an assessment of how much of the available resource will be needed to support the Clinical Director work programmes. It was agreed that discussion is needed on how budgets are managed within the CCG framework, rather than the previous Practice Based Commissioning arrangements. It was agreed that this matter would be discussed outside the meeting. **ACTION: Mike Fulford**

11.5 AGREED:

The WHCCG Board agreed to:

- **Approve the 2012/13 budgets for West Hampshire CCG;**
- **Note the commissioner challenge under QIPP and the corresponding level of risk which is inherent in the budgets presented for approval;**
- **Note the requirement for all PCT 'reserves' and 2% Transformation Funds to be managed at a Cluster PCT level, requiring the authorisation of the Cluster Director of Finance to release into budgets.**

12 Financial Recovery Plan: 2012/13

- 12.1** Mike Fulford provided a verbal update on the financial recovery plan and reminded members that the key workstreams for the Cluster had been received at the last meeting. A set of meetings has been established commencing week commencing 7 May to include the involvement of the CCGs and the Cluster, working through what these will look like, with a view to producing a plan for the CCG. A paper will be brought to the next meeting. **ACTION: Mike Fulford**

- 12.2** Gill Duncan reported that she has held conversations with the Executive Director, North East CCG around how the funding for social care could be handled differently i.e. the funding for continuing healthcare is currently directed through the NHS to the local authority. She queried where discussions are taking place with regard to issues that impact on HCC service delivery. Mike Fulford advised that the detail has not been shared widely and he would need to establish the benefits and how this is monitored. Gill then advised that the Cluster Director of Nursing is proposing to meet with HCC and the Executive Director, NE CCG to discuss this.

12.3 AGREED:

The WHCCG Board noted the verbal update on the Financial Recovery Plan for 2012/13.

13 Planning for 2013/14

- 13.1** Mike Fulford proposed that the planning process for next year should start this month, with a detailed paper to be brought to the June Board meeting. A key element will be QIPP delivery and it is intended that the Clinical Cabinet will have responsibility to shape the programme, starting this month, in order to get some traction around the QIPP programme and CQUIN development. It is anticipated that a detailed plan will be in place by the autumn to take forward into the 2013/14 contracting rounds, linking with the Health & Wellbeing Strategy and the Social Care plans.

- 13.2** Members were informed that the initial discussions around winter planning for 2012/13 were taking place on 10 May. The purpose is to investigate how Primary

Care can input into the process so that there is a more structured approach, especially in relation to patients with chronic conditions. Gill Duncan indicated that it would be possible to link together so that messages could be included on the Hants Direct website and it was therefore agreed that a Communications representative should be invited to the meeting. **ACTION: Jackie Zabiela**

13.3 AGREED:

The WHCCG Board noted the verbal report on Planning for 2012/13

14 Referral to Treatment Time Targets – Update Report (Paper WHCCG12/079)

14.1 Mike Fulford introduced the Referral to Treatment Time (RTT) Targets report, which provided a detailed update on year end RTT performance for two of our main providers; UHSFT and HHFT. He advised that, given where we are with contract negotiations, the contracting team would provide a report to the next meeting detailing trajectories for future delivery. **ACTION: Mike Fulford**

14.2 AGREED:

The WHCCG Board accepted the Referral to Treatment Time Targets update report.

15 Disease Modifying Anti-Rheumatic Drugs (DMARDS) Locally Enhanced Service (LES) (Paper WHCCG12/080)

15.1 Nigel Sylvester introduced the report and advised that the service was now ready so that cases could be sent into the community for monitoring. It was clarified that this would bring the Winchester / Andover locality in line with the rest of West Hampshire, where this service has been underway for some time. It was suggested that the newly appointed Clinical Director for Primary Care, Dr Ben Inglis, could be tasked with ensuring that all LESs across our area are uniform. Tim Thurston agreed to liaise with Dr Inglis. **ACTION: Tim Thurston**

15.2 AGREED:

The WHCCG Board approved:

- **The current LES, which will allow the DMARDS service to commence in primary care;**
- **The roll out of the LES through the locality team;**
- **The start date of the new DMARDS service by July 2012.**

16 Commissioning Local Enhanced Service (LES) 2011/12 and 2012/13 (Paper WHCCG 12/081)

16.1 Heather Hauschild introduced the paper and thanked Tim Thurston for pointing out a point of accuracy within the paper i.e. 'QOF' (Quality & Outcomes Framework) should read 'QP' (Quality & Productivity) indicators. She advised that a recent discussion had taken place with the SHIP Associate Director: Primary Care Commissioning & Contracts, regarding the multiple potential changes in how LESs / National Enhanced Services (NESs) and Directed Enhanced Services (DESSs) will operate, as it is not yet clear what elements will be commissioned by which organisation. There will be some LESs that are commissioned direct by CCGs.

16.2 The Primary Care Commissioning team will be providing detail on all the current LESs, NESs and DESs in the CCG area, together with an indication of those which are likely, at this stage, to be commissioned by the CCG and which we will therefore need to focus on.

16.3 It was reported that there has been good feedback on the 2012/13 LES, with some patients reporting that they are enthusiastic about the CCG's workstreams.

16.4 The Board was advised that the sign off process for the 2011/12 LES had indicated that a number of concerns have been raised to locality managers, which they have been collating. However, these have not been effectively managed through the PCT and the CCG will need to ensure that mechanisms are put in place to address this. A great deal of work had clearly been done at practice level, but no feedback had been provided to practices once procedures had changed. This will need to be systematically reflected in locality action plans.

16.5 **AGREED:**

The WHCCG Board:

- **Noted that a recommendation has been made to Primary Care Commissioning that all practices are paid for attainment of indicators within the LES and QP for 2011/12;**
- **Agreed that for the 2012/13 LES, there will be a common approach across all localities;**
- **Agreed that the approach in developing actions and evidence collection for the 2012/13 LES is agreed with the leadership of the Clinical Director: Primary Care and designated management support;**
- **Recommended that a mid-year review is reported to the Clinical Cabinet in October 2012 by the Clinical Director: Primary Care.**

ACTION: Tim Thurston

17 **GP Arrangements**

17.1 Heather Hauschild reported that a decision had been taken not to bring a paper to the Board until the proposed changes had been reviewed by the Clinical Cabinet. In summary, both Sarah Schofield and Nigel Sylvester will be able to release more time to the CCG from the summer and the full Cabinet has now been recruited. It is now opportune to rethink the relative responsibilities between the Clinical Executive members and the Cabinet to ensure there is no duplication of portfolios. A formal paper will be brought to the Board after discussion at the Cabinet.

ACTION: Heather Hauschild

17.2 **AGREED:**

The WHCCG Board noted the verbal update on GP arrangements.

18 **Quality Report**

18.1 Heather Hauschild advised that a Quality report was not available as the Clinical Quality Review Meetings had occurred late in the month and therefore the Quality team had been unable to provide an update report. The Action Tracker had therefore been updated with further detail as available. In future, assurance to the Board will be gained via the Clinical Governance Committee.

18.2 As Gill Duncan mentioned under item 5.2.2, Social Care representation at the Clinical Governance Committee would allow social care elements to be discussed. Gill advised that the Prime Minister had recently established a group reviewing nursing and care quality, of which she was a member of. Adult Services are also reviewing their approach to quality and safeguarding.

19 Stakeholder Perceptions Audit Report (*Paper WHCCG12/084*)

19.1 Hannah O'Neil introduced the report and requested Board agreement for the recommendations listed under section 5.1. These will then be taken forward to refresh the Communications & Engagement Strategy.

19.2 Gill Duncan suggested that as well as engaging with HCC elected members, the CCG may wish to consider engagement with elected members of the Borough and District councils. With regard to one to one meetings with elected members of the Health & Wellbeing Board, she suggested that HCC could assist with this as direct contact with leaders may not be appropriate. Sarah Schofield explained that one of the roles of the Clinical Local Leads is to engage with local Health & Wellbeing Board structures.

19.3 AGREED:

The WHCCG Board approved the recommendations included in the report.

20 Communications and Engagement Activity Report (*Paper WHCCG12/085*)

20.1 The Board received the update on Communications and Engagement activity, as of April 2012. It was highlighted that this is an important issue that the CCG will be tested on as part of the application for authorisation process. Hannah O'Neil advised that the Communications team is in the process of updating the strategy based on the recent stakeholder audit, as well as reviewing the authorisation guidance to ensure that any gaps are covered. It is the intention that the revised strategy will be brought to the June Board meeting for approval.

20.2 AGREED:

The WHCCG Board noted the Communications and Engagement Activity Report (April 2012).

21 Public Health – Update

21.1 Ruth Milton updated the Board on the following issues:

- The Public Health (PH) transition of responsibilities from the NHS to the local authority, Public Health England (PHE) and the NCB is continuing. There is some development work ongoing within HCC and the transition of PH is considered as a core part of the organisational change. In relation to the functions transferring to the NCB and PHE, clarity on the national position is still awaited, in the main around screening and immunisation commissioning and PH support thereof.
- A great deal of work has been conducted on the Joint Strategic Needs Assessment (JSNA) in conjunction with HCC colleagues. The JSNA has been updated for this year and is in the process of being reviewed to reflect where things have changed. From September, PH and HCC colleagues will be reviewing the first releases of the census data from last year.
- The Joint Health & Wellbeing Strategy is in development and the executive group of the H&WBB have a session taking place week commencing 7 May, focussing on the strategy.
- A national HWBB conference took place week commencing 23 April, where it was made very clear that the legal responsibilities for CCGs include addressing health inequalities and that all HWBB Boards should have

summaries of the Marmot Report (Strategic Review of Health Inequalities in England) as part of their terms of reference. Ruth Milton agreed to circulate a summary of this report.

ACTION: Ruth Milton

21.2 Gill Duncan added that a wider event will be taking place on 16 June to discuss how the local authority can assist CCGs in the authorisation process, with a meeting of the HWBB taking place on the morning of 5 July.

21.3 Jim Rose advised that the recent meeting of the Andover HWB Partnership had raised concerns around its relationship to a pan-Hampshire organisation. Gill Duncan responded that there is a need to have these groups at a district level and there needs to be a two way relationship. The Hampshire HWBB will be developing a strategy for this which will need to go out to consultation. There is a District HWBB Group in existence that should include the Chairs of the district level groups. The membership of this group is currently under discussion. There is also a group being established to review the key public health indicators across the county e.g. housing and environmental health issues.

21.4 AGREED:

The WHCCG Board noted the Public Health update.

22 Local Authority – Update

22.1 Gill Duncan provided a brief update to the Board on the following issues:

- It has been signalled that there will be a new white paper on adult social care/early intervention and prevention. However, it is understood that funding issues will not be addressed.
- Social Care has noted issues in the domiciliary care market and there are concerns around system resilience. Jim Rose queried, given that the carers market is fragile and we are hoping to prevent acute hospital interventions, how do we take this information forward. It was agreed that this would be considered as part of the winter planning discussions.

ACTION: Nigel Sylvester

- The Children & Young People Plan is in the process of being refreshed, into which the CCG may wish to input. Ruth Milton added that the PH team has been closely involved in this work.
- There is a meeting taking place at the end of May around a joint piece of work in the Andover area, which could fit in with the Year of Care work (see agenda item 25).

22.2 AGREED:

The WHCCG Board noted the Local Authority update.

23 Hampshire LINK – Update

23.1 Di Gouldie updated the Board on the following issues:

- A questionnaire will be circulated to all the practices in Hampshire, using the Survey Monkey process. The purpose is to establish if they have a Patient Relationship Group along with how practices engage with their patients, different ethnic minority groups etc. There will also be a section on key health and social care issues. A volunteer network will also be engaged with this project and it is hoped that, once the survey is complete, a network meeting will be arranged so that groups can get together and share issues. The conclusions of the survey will be shared with the CCG / Hannah O'Neil.

- Individual GPs have been in contact with the LINK in relation to the GP Out of Hours telephone message report and it was queried what action had been taken by the CCG. It was reported that Locality Leads have been asked to take this forward, although the CCG Executive have not received any formal feedback as yet. It was suggested that the Clinical Director: Primary Care could link directly with practices to check that the message has been received and that the answerphone messages have been altered. Ad hoc phone calls could also be conducted to confirm that this has occurred.
- Di Gouldie reported that she was impressed with the WHCCG web site, which she found very user friendly.

23.2 AGREED:

The WHCCG Board noted the Hampshire LINK update.

24 Minutes of Meetings

24.1 SHIP PCT Cluster Committees (*Paper WHCCG12/086*)

The WHCCG Board noted the minutes of the SHIP Board of Clinical Commissioners – 21 March 2012.

24.2 WHCCG Committees (*Paper WHCCG12/087*)

The WHCCG Board noted the minutes of the WHCCG Clinical Cabinet – 15 March 2012.

25 Any Other Business

25.1 Year of Care Early Implementer Site Application.

25.1.1 Cheryl Harding-Trestrail introduced the report and asked for Board approval to go forward for application. She briefly ran through the three options that had been suggested. Key to the application is the sign up from the Chief Executives and Accountable Officers from partner organisations in the project. There is £95k of funding available for successful applicants, with the Department of Health looking for six sites across the country, looking at different models. The £95k would be utilised to bring in informatics, finance and project support. There would also need to be CCG clinical and management leadership as well as finance and informatics support from partner organisations. The intended outcome is to develop a Year of Care tariff structure, and is an opportunity for commissioners to build a model that can be rolled out for the care of patients with Long Term Conditions (LTC). The concept is to contract for a year of care, rather than people going through a number of different tariffs.

25.1.2 There then followed a period of discussion around the workload involved, timescales for the project, the pros and cons of the various options and the LTC / integrated care projects that are already underway within the CCG and HCC. It was eventually agreed that a fourth option should be considered; that of working around the Hampshire Hospitals system, as this would complement the work that is already underway with Calleva CCG and there are also fewer organisations involved in this system. The work could then be focussed through the joint systems board. Engagement with the HWBB would be essential to the success of the project and would fit in with the current strategy development work. The capacity / ability of Primary Care to conduct risk profiling etc would also need to be considered.

25.1.3 **AGREED:**

The WHCCG Board agreed to:

- **Proceed with the application process around the Hampshire Hospitals system;**
- **Ascertain if there is partner support for the application;**
- **Investigate Health & Wellbeing Board support.**

ACTION: Cheryl Harding-Trestrail

25.2 Congratulations

Congratulations on her forthcoming marriage were expressed to Hannah O'Neil. Sarah Schofield wished her well on behalf of the Board.

Date of Next Meeting

The next meeting of the West Hampshire Clinical Commissioning Group Board would be held on 7 June 2012 in the Board Room at Omega House, 112 Southampton Road, Eastleigh SO50 5PB.

Future dates:

7 June 2012

5 July 2012

2 August 2012

6 September 2012

4 October 2012

1 November 2012

6 December 2012

Signed as a true record

Name:

Title:

Signature:

Date: