

**ATTACHMENT 1**

**SOUTH WEST LONDON STRATEGIC COMMISSIONING BOARD**

Minutes of meeting held on Thursday 27<sup>th</sup> March 2014, 13:00 – 15:00,  
Room 2.4, 120 The Broadway

**PRESENT:**

NAME		JOB TITLE	ORGANISATION
Tony	Brzezicki (TB)	Chair	Croydon Clinical Commissioning Group
Paula	Swann (PS)	Chief Officer	Croydon Clinical Commissioning Group
Naz	Jivani (NJ)	Chair	Kingston Clinical Commissioning Group
Tonia	Michaelides (TM)	Chief Operating Officer	Kingston Clinical Commissioning Group
Eleanor	Brown (EB)	Chief Officer	Merton Clinical Commissioning Group
<b>Howard</b>	<b>Freeman (HF)</b>	<b>Chair</b>	<b>Merton Clinical Commissioning Group</b>
Penny	Emerit (PE)	Delivery Director (South) NHS England - London	NHS England – South London
Andrew	Smith (AS)	Chair	Richmond & Twickenham Clinical Commissioning Group
Chris	Elliott (CE)	Chief Officer	Sutton Clinical Commissioning Group
Brendan	Hudson (BH)	Chair	Sutton Clinical Commissioning Group
Nicola	Jones (NJ)	Chair	Wandsworth Clinical Commissioning Group
Graham	Mackenzie (GMk)	Chief Officer	Wandsworth Clinical Commissioning Group

**INATTENDANCE:**

NAME		JOB TITLE	ORGANISATION
Adam	Doyle (AD)	Director of Commissioning	Merton Clinical Commissioning Group
Caroline	Reid (CR)	Specialised Commissioning	NHS England - South London
Hardev	Virdee (HV)	Chief Finance Officer	Wandsworth Clinical Commissioning Group
Simon	Williams (SW)	Director of Community & Housing	LB Merton
Melanie	Ashdown (MA)	Programme Manager	SWL Collaborative Commissioning

Rory	Hegarty (RH)	Director of Communications	SWL Collaborative Commissioning
Charlotte	Joll (CJ)	Programme Director	SWL Collaborative Commissioning
Kevin	Lowe (KL)	(Observer)	Price Waterhouse Coopers
Ginny	Morley (GMo)	Assistant Programme Director	SWL Collaborative Commissioning
Sarah	Tunkel (ST)	Programme Support	Ernst & Young
Tony	Young (TY)	Project Manager ( <i>minutes</i> )	SWL Collaborative Commissioning

**APOLOGIES:**

NAME		JOB TITLE	ORGANISATION
Alison	Frater (AF)	Head of Public Health and Offender Health	NHS England - South London
Jane	Fryer (JF)	Medical Director	NHS England - South London
Jacqui	Harvey (JH)	Interim Chief Officer	Richmond & Twickenham Clinical Commissioning Group
Cathy	Kerr (CK)	Director of Adult and Community Services	LB Richmond upon Thames
Gillian	Norton (GN)	Chief Executive	London Borough of Richmond
David	Smith (DSm)	Chief Officer	Kingston Clinical Commissioning Group
David	Sturgeon (DSt)	Head of Primary Care (South London)	NHS England - South London

**MINUTES:**

	ITEM	ACTION
1.	<p><b>Welcome &amp; introductions</b></p> <p>HF welcomed Board members to the inaugural meeting of the Strategic Commissioning Board (SCB) and introductions were made.</p> <p>PE introduced Kevin Lowe (KL) from Price Waterhouse Coopers (PWC) as an observer to the meeting, stating that PWC would be working closely with all the CCGs and providers in SW London over the next few weeks as part of the intensive support for the local health economy commissioned by NHS England/the NTDA/Monitor. The Board welcomed KL as an observer.</p>	

2.	<p><b>Apologies</b></p> <p>Apologies were noted.</p>	
<b>ITEMS FOR REVIEW</b>		
3.	<p><b>To receive feedback from CCG Governing Bodies concerning Governance Paper</b></p> <p>It was noted that all CCGs, with the exception of Croydon (whose Board meeting was being held on 1<sup>st</sup> April) had reviewed and signed off the governance paper, with no major issues other than those raised by CCG lay members concerning the proposed arrangements for patient and public engagement. In response to these concerns, lay members from five out of the six SWL CCGs had met and agreed to establish a steering group as part of the new governance structure. It was noted that lay membership on the SCB would be discussed further under agenda item 4.</p> <p>GMk highlighted the importance of all CCG GBs receiving the same version of the governance paper.</p>	<p style="text-align: center;"><b>ALL</b></p> <p>Ensure correct version of GB paper is used</p>
<b>ITEMS FOR AGREEMENT</b>		
4.	<p><b>To review and agree Terms of Reference and Membership of the Strategic Commissioning Board</b></p> <p><b>Membership</b></p> <p>CJ introduced the ToR and Membership.</p> <p>Following discussion it was agreed that there should be a Vice Chair of the Board and this role would be filled by Tony Brzezicki.</p> <p>With regards to lay membership, there was agreement that the Board should include two CCG lay members; one with responsibility for governance and one with responsibility for PPE. The Board agreed that it would be helpful to have a “job description” or “brief” for the lay member roles, which could be used to invite nominations. It was suggested that the PPE lay member would also fulfil the role of the Chair of the Patient and Public Steering Group.</p> <p>Further discussion took place regarding the nature of the lay member’s role and whether or not they should have voting rights. It was agreed that both lay members could have voting rights on condition that they came from different CCGs and the JDs were clear about the scope of the roles.</p> <p>Discussion on local authority representation took place. SW reported that the competing demands on the time of those officers nominated for membership were great and it would not be possible to always have three local authority representatives present. It was agreed that continuity of attendance was important but if necessary any of the representatives could nominate a deputy to attend in their place. The Board agreed to review this arrangement, should attendance start to affect board proceedings. The Board agreed that the local authority Chief Executive and DASS representatives would not have voting rights.</p>	<p style="text-align: center;"><b>RH</b></p> <p>To draft JD/role specification for lay members and send out to CCGs seeking nominations</p> <p style="text-align: center;"><b>SW</b> to confirm DASS nomination</p>

	<p>CJ noted that a Director of Public Health (DPH) nomination was yet to be received. The Board discussed the voting rights for the DPH and again in line with the advisory role of the local authorities, it was agreed the DPH would be in attendance, but a non-voting member.</p> <p><b>Quoracy</b></p> <p>It was agreed that the wording be changed to include a line which enabled the Board to accept the attendance of a nominated deputy, should the CCG Chief Officer or Chair not be able to be present.</p> <p><b>Governance Chart</b></p> <p>CJ reviewed the governance chart in the ToR, referencing the point made by BH about the importance of optimising patient and public involvement. It was noted that it while it was originally envisaged that representation would be based around each CDG, upon reflection and learning from the experience of BSBV, getting adequate and consistent representation at this level may present a huge challenge. It was agreed that having appropriate representatives with recent experience of the type of healthcare under review was important and that, for example, the Children’s CDG would ideally have children and parents with experience of both physical and mental health services.</p> <p>Concern was raised about the lack of clarity about the role of the Health &amp; Wellbeing Boards (HWB). It was queried whether these were primarily ‘decision making’ bodies or ‘reviewing’ bodies. PE noted that that the CCGs in SE London had agreed a position about this with their Local Authorities but that the programme might wish to seek legal advice about this issue in relation to the remit of HWBs in the development and approval of the 5 year Strategic Plan.</p> <p>The ToRs will be amended to reflect the Board discussion and be brought back to the next meeting for final approval.</p>	<p><b>CJ</b> to chase DPH representation</p> <p><b>CJ</b> to amend the T of R</p> <p><b>CJ</b> to seek legal advice on role of HWBB’s in relation to development and approval of the five year strategy (attached to these minutes)</p> <p><b>CJ</b></p>
<p>5.</p>	<p><b>To review and sign off draft five year Strategy Plan</b></p> <p>CJ presented the draft five year Strategy Plan, describing the main drivers in the Case for Change, which are to improve quality of care and deliver financially sustainable services.</p> <p>A discussion about the role and responsibility of CCGs in relation to the financial sustainability of providers took place. TB and NJ explicitly stated their position which was that it was not the responsibility of CCGs to ensure that trusts were financially sustainable and that it was their expectation that this was the role of the TDA and Monitor. PE stressed that commissioners did have a remit to ensure that local providers were viable because any provider failure could restrict the CCGs ability to commission high quality and locally accessible services. TB and NJ again stressed their view that it was the CCGs role to specify the services and standards they wished to commission and for providers to cope with the financial and organisational consequences of those commissioning intentions.</p>	

*[minuting note – please refer to Summary 5 Year Strategy presentation describing all new priorities for CDGs along with their 1-2 and 3-5 priorities]*

*Children’s Care*

BH took the Board through the new priorities for Children’s care and stated the need to have a Director of Children’s Services from one of the six boroughs on the CDG. GMk asked about the pace of change that could be expected in relation to the changes being proposed as it had been suggested that this might be an obvious area for early implementation through the development of a managed care network or a lead provider arrangement. It was noted that it was important to ensure that the commissioning plan should focus on reducing gaps in primary and community care and not creating duplication. PE noted that the Children’s CDG proposals needed to be aligned with those of other relevant CDGs and to reflect an understanding of the public health contribution at a local borough level.

*Integrated Care*

EB informed the Board that lessons had been learnt from the Out of Hospital Programme Board and reflected upon the new priorities for Integrated Care. It was important for the CDG to understand the impact that the BCF will have locally on acute providers and this was still to be fully quantified and agreed.

*Maternity Care*

PS reported that the CDG was looking at the whole pathway in maternity and also ensuring that the specific needs of older women and those who were obese or had diabetes were addressed. A key issue for the Maternity CDG is the ability of all SWL providers to meet the London Quality Standards (LQS) in relation to 168 hour consultant cover within a timescale that has yet to be agreed.

*Mental Health*

CJ introduced this work-stream noting that the CDG as a new group which had met for the first time this morning. A full programme of work is currently under development and will be led by DSm as the accountable officer, with Dr Phil Moore as the clinical lead.

*Planned Care*

TM introduced the proposals relating to Planned Care to the Board. The CDG had begun discussions on creating a centralised elective urology service for south west London. On speaking with providers it was clear that there were issues around rota’s, emergency consultant cover and financial impact but that the commissioner view was that none of these were intractable.

*Primary Care Transformation*

EB updated the group; draft London Quality Standards for primary care were to be issued for consultation which should provide a useful framework for Primary Care transformation. The CDG was working with NHS IQ to develop federation type proposals at a local level and the workshops have been well attended. Stronger links with NHSE would be needed and consideration of the estates work would need to be brought forward within the next 1-2 years.

*Urgent and Emergency Care*

Jonathan Bates and GMo have been co-ordinating this work-stream building on the work of the existing Urgent Care Improvement Networks. One of the key priorities at present is to audit current urgent and emergency care provision in south west

	<p>London in relation to LQS. BH emphasised that urgent care should not be seen as an alternative to primary care. NJ suggested that our ambition to transform urgent and emergency care should be more bold and specific.</p> <p><i>Enablers</i> It was reported that workforce/ IT and Estates work-streams would all need to be established. TB expressly asked that 'Jesh Rashbash' who works in IT be consulted as he has been able to merge data from different systems very effectively.</p> <p><i>Financial Sustainability</i> HV reported that they were now much clearer on CCG allocations, but the financial position of each CCG remained different. He was exploring with NHSE what they would put forward as a definition of 'commissioner sustainability'. SW noted that whilst BSBV was primarily driven by the desire to improve clinical quality it had a secondary aim of achieving financial sustainability but suggested that the reality of the financial challenge needs to be much more explicit going forwards. The revised approach must make it clearer to the public and describe what a saving of 12% in 2018/19 means. HV clarified this was around £219m.</p> <p>The draft 5 Year Strategic Plan was <b>approved</b> and it was agreed that CCGs will share the plan with their providers and local authorities after the 4<sup>th</sup> April.</p>	<p><b>HV</b></p> <p><b>ALL</b> CCGs to forward draft 5 Yr strategy to providers and local authorities after 4<sup>th</sup> April submission</p>
<b>ITEMS FOR INFORMATION</b>		
6	<p><b>Status report re intensive planning support for SW London</b></p> <p>CJ updated the group on the appointment of the intensive support team, due to commence work in the following week.</p>	
7.	<p><b>Programme Director's Report</b></p> <p>CJ presented the Programme Directors report to the board. The report provided an overview of all programme activities that had occurred over the last few months.</p>	
8.	<p><b>Next Steps</b></p> <p>GMk reported that PWC was being mobilised and would be involved in a lot of our work going forwards.</p>	
9.	<p><b>Date of Next Meeting:</b></p> <p>Tuesday 20<sup>th</sup> May, 15:00 to 18:00, venue tbc</p> <p>HF asked for the date of the next meeting to be reviewed as Merton CCG has commitments that day. The meeting has now been arranged for Monday 19<sup>th</sup> May from 14.00-16.00 at the Antoinette Hotel.</p>	

