

MINUTES OF NHS SALFORD SHADOW CLINICAL COMMISSIONING GROUP BOARD MEETING Held on 28 November 2012, in the Salford Suite, St James's House
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Part 1**Present:**

Dr Clive Boyce	-	Vice Chair/Local Authority Liaison Clinical Lead
Dr Paul Bishop (Part)	-	Performance Clinical Lead
Mr Alan Campbell	-	Interim Chief Operating Officer
Dr Babar Farooq (Part)	-	Neighbourhood Clinical Lead
Mr David Herne representing		
Ms Melanie Sirotkin	-	Director of Public Health
Dr Annette Johnson	-	Neighbourhood Clinical Lead
Mr Andy Lowe	-	Interim Chief Finance Officer
Mr Paul Newman	-	Lay Member
Dr Girish Patel	-	Neighbourhood Clinical Lead
Ms Sam Sherrington	-	Lay Board Nurse
Dr Elaine Tamkin	-	Neighbourhood Clinical Lead
Dr Owain Thomas	-	Neighbourhood Clinical Lead
Mr Edward Vitalis	-	Lay Member
Mr Brian Wroe	-	Lay Member

In Attendance:

Mrs Hannah Dobrowolska	-	Associate Director of Policy
Mr Alan Stephenson (Part)	-	NHS Greater Manchester Non- Executive Director
Mrs Liz Warwick	-	Corporate Support Officer

72.12 **Apologies for Absence**

Apologies for absence were received from Dr Hamish Stedman, Chair; Councillor Margaret Morris, Assistant Mayor, Health and Wellbeing; Sue Lightup, Strategic Director Community, Health and Social Care and Melanie Sirotkin, Director of Public Health.

73.12 **Declaration of Interests in items on this Meeting's Agenda**

No declarations of interest were made.

74.12 **Minutes of NHS Salford Shadow Clinical Commissioning Group Board Meeting held on 26 September 2012**

The minutes of the NHS Salford Shadow Clinical Commissioning Group (CCG) Board meeting held on 26 September 2012 were accepted as a correct record.

75.12

Matters Arising

(a) Performance on Quality (minute number 59.12)

Alan Campbell advised this referred to the work being undertaken around quality and collaborative commissioning. Hamish Stedman and Alan Campbell had attended an introductory meeting with Bolton CCG in order to support and work collaboratively together. This work will provide assurance regarding quality of care for Salford patients accessing hospitals in other areas and allow Salford CCG to hold other organisations to account.

The NHS Salford Shadow Clinical Commissioning Group Board noted the matters arising.

76.12

Leadership Reports

(a) Chair's Communications

Clive Boyce reported that the North of England dashboard was showing green across the necessary domains for all providers and NHS Salford. He advised a very successful and positive strategic event had taken place on 20 November 2012, where 98% of GP member practices had attended. Group work had been undertaken around the eight neighbourhoods and some excellent ideas on how the CCG moved forward were discussed. Strong themes regarding public health had emerged.

Clive Boyce advised the Board that Mansel Heaney, from Salford Royal NHS Foundation Trust, had been appointed as the Governing Body's Secondary Care Clinician; Steve Dixon had been appointed as the Chief Finance Officer and that Alan Campbell had been appointed as the Chief Operating Officer.

77.12

(b) Report of the Interim Chief Operating Officer

Alan Campbell introduced the report highlighting the launch of Healthwatch England, the new independent consumer champion for health and social care in England and the Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England. He advised the allocation for CCG running costs was lower than expected due to the population figure used. However, he noted that original management proposals could still be realised.

Alan Campbell advised the authorisation site visit had taken place on 17 October 2012 and thanked all staff and stakeholders for their contribution. He noted it had been a very successful review and highlighted improvements were required regarding complaints and management capacity.

Brian Wroe commented on the Standards for Members' document and advised that members of the Board took their responsibilities seriously. He stressed that this should remain a living document for members and highlighted the need to work collectively to look at this in more detail. Clive Boyce advised the document would form part of the development for the Board in the future.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report.

Performance Report

a) Finance Report

Andy Lowe introduced the report highlighting the paper included additional information on the capital programme and risks. He advised the organisation was in a strong position and forecasting to over achieve by £8m. It was proposed that the following items would be an alternative use of this funding:

- 1 Up to £1m to support service redesign of pathology;
- 2 Up to £1m to support winter pressures and performance targets;
- 3 Approximately £1m to be set aside for Public Health transition costs.

Andy Lowe advised plans for the above were being discussed with provider colleagues and the Board was being asked to approve these proposals. A request had been received from NHS Greater Manchester to increase the control figure. The money for this would be returned next year, but in the meantime would help across Greater Manchester. This would still leave the organisation in a strong position.

Edward Vitalis enquired whether the funds would be at risk if they weren't spent and whether they would be lost with the move into the CCG on 1 April 2013. Andy Lowe advised that if the control total is exceeded then this could be lost but that surpluses and lodgement would be returned in future.

A query was raised regarding the increased agency spend and Andy Lowe explained that this was covering staff leaving the organisation or for specific projects in IT that would bring longer term benefits. The expenditure would not continue for the CCG going forward.

Edward Vitalis noted the £1m to support pathology and enquired whether other areas would be contributing. Andy Lowe advised that Salford and Wigan would be working jointly to establish the service and confirmed this was a good investment for the future.

Regarding the £1m set aside for Public Health transition costs it was advised projects would be prioritised in view of the outcomes from the strategic event. Discussions had taken place with CCGs to safeguard investments and to ensure these were completed in a timely fashion. Investment would be incorporated through Council services to deliver public health outcomes.

Andy Lowe assured the Board that controls would be built in to ensure the allocations would be spent in this financial year. Discussion would take place before Christmas to identify what spend was necessary.

The issue of the Midwifery Led Unit (MLU) based at SRFT was raised. In response Andy Lowe advised the Board that work was being undertaken with maternity services to promote the use of SRFT, but that it was necessary to continue with the contract. A review would take place next autumn.

Edward Vitalis requested a progress report to be brought back to the Board in January and March 2013 to provide an update on the proposed use of the funding.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report, approved the proposals in relation to the use of available resources and agreed to develop a plan which identified an alternative use of slippage on committed developments of approximately £5m.

79.12

(b) Quality, Innovation, Productivity and Prevention Programme (QUIPP) Commissioning Best Value Update

Andy Lowe introduced the paper highlighting not much had changed since the previous report to the Board. The planned savings were likely to be above £3.3m for the year which would put the organisation in a strong position moving forward.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report and the risks and actions identified within the report.

80.12

(c) Organisational Performance Report

Alan Campbell introduced the report advising this addressed organisational performance against key performance indicators for NHS Salford. The report showed that performance had been maintained from last month and the North of England dashboard rated the CCG as green in all areas in October 2012. Alan Campbell noted that generally performance on healthcare access and capacity were doing well, however, public health outcomes required improvement.

David Herne responded to Owain Thomas's enquiry regarding health checks advising this remained a challenge, but the Health Improvement Service was addressing the issues.

Alan Stephenson joined the meeting.

Edward Vitalis commented on the 52 week waiters, adding it would be useful to have greater detail regarding these waiters and those waiting less than this time and enquired whether the figures quoted included mental health. Alan Campbell advised SRFT had eliminated all 52 week waiters, but unfortunately Royal Bolton NHS Foundation Trust and Central Manchester University Hospitals NHS Foundation Trust had been unable to make necessary arrangements to achieve this to date. Discussions had taken place across Greater Manchester to look at waiters in the ten week bands. For example, there were some patients who waited between 20 and 30 weeks, which is a longer waiting time than NHS Salford would like. It was necessary for other commissioners to apply the standards in order that patients most benefit. Alan Campbell advised the figures were for all referrals to consultants for both acute and psychiatry.

Paul Bishop joined the meeting.

Brian Wroe highlighted the comments regarding the double count at SRFT in hospital admissions for alcohol, and commented it was important to receive accurate figures. David Herne responded that the alcohol figure was difficult to monitor, however, public health were actively seeking clients with alcohol issues to provide support to these individuals which will increase reporting.

Brian Wroe noted that Brook Young Peoples Sexual Health Service was currently 43% behind the "seen" target for the number of young people under 18 years of age and enquired whether the contract should be reviewed due to them under performing. Alan Campbell advised it was less than three years since the service had been commissioned and re-commissioning the service would not necessarily result in improved performance. Instead discussions would be held regarding greater integration of this service.

Babar Farooq joined the meeting.

The NHS Salford Shadow Clinical Commissioning Group Board recognised the progress in achieving the targets, approved the actions set out for the targets currently rated red. The Board also noted Monitor's risk ratings for Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust for quarter one 2012/13 and required an update when the quarter two ratings were available.

81.12 **(d) Performance on Quality**

Alan Campbell presented this report which generally showed NHS Salford in a good position with performance against the quality KPIs and CQUINS remaining on track. It was pointed out that the figure within the report table (page 13) of 10% for Psychosis at Salford PCT was a typing error and should read 100%.

Paul Bishop noted the Advancing Quality Programme target at SRFT for heart failure was not being achieved. This was significant because heart failure was consistently one of the biggest spend areas and the stay in hospital was the longest. He asked that we gain assurance from SRFT that this was being addressed and what the timeline was to achieve the target. Alan Campbell advised the information gained would assist during contract discussions and noted that SRFT pay strong attention to underperforming targets.

Babar Farooq highlighted that only two patient safety incidents had been reported by SRFT and asked for clarification that this was correct. Hannah Dobrowolska responded that these two incidents had been reported to the PCT for the CCG and that SRFT would have their own internal reporting system which would contain less significant incidents. Alan Campbell commented that SRFT were regulated by the Care Quality Commission and Monitor, but the CCG needed to be aware and alerted to any incidents. The Board agreed Alan Campbell should meet with SRFT to take this forward.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report and accepted the assurance that mechanisms were in place that monitor the safety, quality and effectiveness of commissioned services for Salford patients. The Board also noted that due to organisational transition a number of operational and report changes were taking place associated with the quality agenda.

82.12 **(e) Report of the Performance Group**

Jeremy Tankel introduced the report highlighting it provided an update on decisions made by the NHS Salford Clinical Commissioning Quality and Outcomes Group.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report and appendix.

83.12 **Process**

(a) Locality Audit Group

Andy Lowe presented the paper which provided an update on decisions made and risks identified at the Audit Group meeting held on 25 September 2012 and the minutes from 31 May 2012 meeting of the Group. There were no major concerns at the Audit Group meeting held on 22 November 2012 when the risk assurance and risk register were reviewed. Edward Vitalis highlighted issues in relation to communication regarding transition workstreams and the risk management process. He noted NHS Salford had done well and he wanted to ensure the organisation did

not lose sight of the processes. It was important to ensure audit work was aligned to the key issues next year. It was agreed Edward Vitalis, Hamish Stedman, Steve Dixon, Alan Campbell and Internal Audit should meet to establish a process from 1 April 2013.

Edward Vitalis raised the issue of cause of death and the indicators that revolve around it, he would like to see a pie chart around cause of death showing what slice we were trying to tackle, and what was classified as acceptable in Salford. David Herne responded that the causes of death in Salford were not acceptable.

Alan Stephenson highlighted the issue of the Group being quorate and the number of members on the Audit Group and asked Board members to consider joining the Group. Andy Lowe advised NHS Greater Manchester suggested two Board members, however, previously this had proved difficult to arrange. However, the Group was reviewing the membership and going forward it was necessary to ensure the right number of members to ensure the Group was quorate from April 2013.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report.

84.12 **(b) Scheme of Delegation**

Andy Lowe advised the Scheme of Delegation had been reviewed, the outcome of which was there were no changes to be made to the document and assured the Board the current Scheme of Delegation was still valid.

The NHS Salford Shadow Clinical Commissioning Group Board noted the information provided.

85.12 **(c) Register of Declaration of Interests**

Clive Boyce introduced the paper advising it was for information asking if there were any amendments. No additions or amendments were made.

The NHS Salford Shadow Clinical Commissioning Group Board noted the Register of all entries of Declarations of Interest reported to the Board Secretary.

86.12 **Annual Reports**

(a) Real Accountability: Annual Engagement Report April 2011 – March 2012

Alan Campbell introduced the report which was an account of the work undertaken regarding engagement. A good depth of engagement covered was in the report, there had been direct service changes emanating from feedback from patients and the public. He advised there were over 2,000 panel members who feedback which provided a really good infrastructure. The challenge now was to convert this engagement to be effective for the CCG. Brian Wroe advised he had been working with the Engagement Team and had attended a number of events. He felt there was not enough emphasis on working at neighbourhood level with partners and he advised he would support work to achieve this. Annette Johnson noted the Young People's Drama Workshops and suggested these were continued and targeted to areas of highest teenage pregnancy.

The NHS Salford Shadow Clinical Commissioning Group Board considered and commented on the actions taken during 2011/12 and actions planned for

the immediate future to comply with legislation. The Board agreed the final report for publication.

87.12

Minutes/Reports of Partnership Boards/Sub Committees

(a) Report from the PCT Transition Programme Board

Alan Campbell presented this report advising the progress of the transition programme covering the CCG, Local Authority, NHS Commissioning Board and other elements. Transition work was continuing and he confirmed the organisation was on track. It was necessary to ensure the work was completed and the terms of reference had been revised to help remain fit for purpose.

There was now a transition workstream for the close down of the PCT. The CCG was moving forward and was awaiting recruitment to two posts to complete the process. The Commissioning Support Unit (CSU) were making progress, they had 500 staff, 150 of which had been appointed. The Local Area Team's (LAT) structure was two thirds populated and the transition work was progressing. Prop Co would go live on 1 April 2013. NHS Salford had a high number of staff who would move to Prop Co, including domestic staff. There were active workstreams for the whole of the transition programme.

Jeremy Tankel enquired how the PCT buildings and Gateway Centres would be managed going forward. Alan Campbell advised documents were being prepared to transfer the PCT buildings to Prop Co, but that the Gateway Centres were unique and it was not clear how these would move forward. There were various options being explored.

Alan Campbell advised staff were being communicated with to ensure they were aware of the proposals covering matching and pooling and the appeals process. The full information cannot be made public until all six different levels had been completed, although by Christmas people should be clear of their destinations. After this it will be possible to communicate where responsibilities lie for different elements and begin to communicate contact details.

Paul Newman stressed clear communication was critical and expressed concern about a staff reduction in this area. Hannah Dobrowolska advised there would be three members of staff across communications and engagement.

The NHS Salford Shadow Clinical Commissioning Group Board noted the recent policy developments in the PCT Transition Programme and confirmed it was satisfied with the progress made under the PCT Transition Programme. The Board approved the new terms of reference for the PCT Transition Programme Board.

88.12

(b) NHS Greater Manchester Board Meeting minutes – 23 September 2012

The minutes of the NHS Greater Manchester Board meeting held on 13 September 2012 were presented for information.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the minutes.

89.12

(c) Salford Children and Young People's Board Minutes – 5 September 2012

The minutes of the meeting held on 5 September 2012 were presented for information. Alan Campbell advised the Ofsted inspection had been reported back

to the City Council and that Salford had now moved from inadequate to adequate which showed the amount of work the City Council had completed during the last two years. He congratulated them on this achievement and noted the Safeguarding Improvement Board would continue.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the minutes.

90.12 **(d) Pathfinder Health and Wellbeing Board Minutes – 20 September 2012**

The minutes of the meeting held on 20 September 2012 were presented for information.

The NHS Salford Shadow Clinical Commissioning Group Board noted the summary.

91.12 **(e) Integrated Care Board Summary – 25 September 2012**

Alan Campbell introduced the report advising that it provided an update from the Integrated Care Board for Older People Board. It was noted there were no names on the minutes and Clive Boyce undertook to investigate this.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the minutes.

92.12 **Any Other Business**

Establishment of an Association of Greater Manchester Clinical Commissioning Groups (Version 7)

Alan Campbell apologised that this was a late report, but it had to be brought before Boards prior to Christmas. He advised the paper described how the 12 Clinical Commissioning Groups in Greater Manchester had developed arrangements to enable them to work together on matters of mutual benefit. This paper also provided additional evidence for CCG authorisation. Alan Campbell asked that the Board delegate authority to himself and Hamish Stedman to sign off the final version.

The NHS Salford Shadow Clinical Commissioning Group Board noted the contents of the report and approved membership of the Association of Greater Manchester Clinical Commissioning Group in the terms outlined and that the Board's constitution be amended accordingly to facilitate this. Version 7 was agreed and the Board delegated the final amendments (Version 8) to the Chairman and Chief Operating Officer. The final document will come back to the Board in January for information.

93.12 **Reflection**

Hannah Dobrowolska provided a summary of the key points from the meeting.

Clive Boyce highlighted discussions had taken place to improve the high standards of health care for the population of Salford.

Clive Boyce noted it was Andy Lowe's last Board meeting as the Interim Chief Finance Officer. He recognised the excellent work Andy Lowe had completed which left NHS Salford CCG in a secure financial position and wished him good luck for the future.

94.12

Date and Time of NHS Salford Shadow Clinical Commissioning Group Board

The next meeting of the NHS Salford Shadow Clinical Commissioning Group Board meeting would be held on Wednesday, 30 January 2013 at 2.00 pm in the Salford Suite, St James's House.

Exclusion of Press and Public

To resolve that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted and that the public be excluded.