

**NHS Lambeth Clinical Commissioning Group (LCCG) Governing Body
Minutes of the meeting held on Wednesday 7 March 2018
1.00pm – 4.00pm
The Foundry, 17 Oval Way, London, SE11 5RR**

Present:

Adrian McLachlan (AM)	Governing Body Member, Chair
Di Aitken (DA)	Governing Body Member, South East locality
John Balazs (JB)	Governing Body Member, North locality
Jackie Ballard (JBd)	Governing Body, Lay Member
Christine Caton (CC)	Governing Body Member, Chief Financial Officer
Helen Charlesworth-May (HCM)	Strategic Director – Adults and Health, London Borough of Lambeth
Ami David (AD)	Governing Body, Nurse Member
Andrew Eyres (AE)	Governing Body Member, Chief Officer
Martin Godfrey (MG)	Governing Body Member, South West Locality
Harpal Harrar (HH)	Governing Body Member, South West locality
Ruth Hutt (RH)	Interim Director of Public Health
Michael Khan (MK)	Governing Body Member, Secondary Care Doctor
Graham Laylee (GL)	Governing Body, Lay Member
Nandini Mukhopadhyay (NM)	Governing Body Member, South East locality
Catherine Pearson (CP)	Governing Body, Healthwatch Lambeth

In Attendance:

Una Dalton (UD)	Director of Governance and Development
Pamela Handy (PHy)	Corporate Business Manager (minutes)
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Penelope Jarrett (PJ)	LMC representative
Moira McGrath (MMcG)	Joint Director, Integrated Commissioning, Adults
Denis O'Rourke (DoR)	Assistant Director Mental Health, Integrated Commissioning, Adults
Andrew Parker (AP)	Director of Primary Care Development
Tony Parker (TP)	Interim Director of Children and Young People's Commissioning and Improvement
Shaffique Prabatani (SP)	Community Engagement Manager, Children's Commissioning & Improvement Team, Lambeth Council/NHS Lambeth CCG

No.	Agenda Item	Action/ date
1	LCCG/GB/18/023 – Welcome and Introductions AM welcomed members of the public to the NHS Lambeth Clinical Commissioning Group (LCCG) Governing Body meeting and all members of the Governing Body were introduced.	

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2	<p>LCCG/GB/18/024 – Apologies for Absence Apologies were received in advance of the meeting from:</p> <ul style="list-style-type: none"> • Ian Abbs, King’s Health Partners, Co-opted Governing Body Member. • Sue Gallagher, Governing Body, Lay Member. • Raj Mitra, Governing Body Member, North locality. 	
3	<p>Update from LCCG Public Forum AM provided an outline of the main issues discussed at the public forum held in advance of the meeting covering:</p> <ul style="list-style-type: none"> • Patient access to test results from their GP Record. • Update on the development of Local Care Records. • PPGs at practice level and how we measure their effectiveness. LCCG will undertake a piece of work to look into this to report back to a future meeting. • South London and Maudsley and care homes. • Integrated Care locally and the management of referral processes. 	
4	<p>A copy of the meeting notes from the Public Forum is available on the LCCG website at: http://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/governing-body/Pages/default.aspx</p>	
5	<p>LCCG/GB/18/025 – Declarations of Interest AM invited declarations of interest on all papers. Governing Body members confirmed there were no additional declarations of interest other than those set out in the Register of Members’ Interests.</p>	
6	<p>LCCG/GB/18/026 – Register of Members’ Interests AM invited declarations of interest on all papers and referred to the register.</p>	
7	<p>A copy of the full Register of Members’ Interests is available for viewing at: www.lambethccg.nhs.uk/news-and-publications/publications/Documents</p>	
8	<p>The Governing Body noted the current register of member’s interests.</p>	
9	<p>LCCG/GB/18/027 – Draft minutes and action log from the meeting held on 17 January 2018 The minutes from the LCCG Governing Body meeting held on 17 January 2018 were agreed as a true record of events.</p>	
10	<p>The action log was noted as complete, except for the South East London Treatment Access Policy which was not due to be completed until Autumn 2018.</p>	
11	<p>AM informed the Governing Body that in relation to sharing the Patient and Public Advisory Group (PPAG) membership, as this list includes private details of individuals who have volunteered to work with the Our Healthier</p>	

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	South East London programme, it was not possible to make this information available.	
12	<p>LCCG/GB/18/028 – Chair’s Action –Integrated Urgent Care (IUC) procurement</p> <p>The Governing Body noted the Chair’s Action taken to approve the IUC business case as outlined in the paper.</p>	
13	<p>LCCG/GB/18/029– Chair’s Report</p> <p>AM presented the Chair’s Report for March 2018 and highlighted a number of items including:</p> <ul style="list-style-type: none"> • Results of the recent British Social Attitudes Survey – AM noted a seven per cent decrease in satisfaction with GP services and a steep rise to 51 per cent of people who take the view that increased levels of NHS funding is required. • Changes to the Governing Body: <ul style="list-style-type: none"> ○ End of terms for three clinical leads JB, RM and NM with the opportunity to be re-elected when the LCCG launches an election and selection process during April 2018. ○ Reappointment of SG for a further term as a lay member. ○ Graham Laylee has indicated that he will not re-stand when his term as a lay member and audit chair comes to an end on 30 September 2018. • Highlights of the LCCG Member Practice Event on 21 February 2018. • A Lambeth delegation, including Dr Dianne Aitken, attended 10 Downing Street to discuss mental health legislation. 	
14	The Governing Body received the Chairs Report for the period 18 th January 2018 to 6 th March 2018.	
15	<p>LCCG/GB/18/030 – Chief Officer’s Report</p> <p>AE updated the Governing Body on progress with taking forward system-wide transformation/ Strategic and Operational Planning. He confirmed that the NHS England planning guidance for 2018/19 had now been published and further details on this will be covered later in the meeting. Beyond this, work to develop the LCCG Business Plan is underway and the plan will be presented to the Governing Body meeting in May 2018.</p>	
16	AE highlighted recent challenges related to winter which has affected the entire health and care system, particularly local hospitals. AE noted that GSST has continued to not only to offer a good service locally but to also support other neighbouring hospital/trusts. Urgent Care remains under significant pressure presently. AE reported that four practices were impacted by the lack of water over the last few days which is now restored.	
17	AE commended David Del’ Nero and Jenni Rodgers, Patient Leaders in	

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	<p>Streatham for the important work they are undertaking. He highlighted an event hosted by them earlier in January 2018 to discuss Alzheimer's care, where there had been a large turnout of people to the event. AE referred to earlier discussion within the public forum about the role PPGs are playing and that patient leaders can play. He invited attendees to the meeting to share any positive news of what is happening across Lambeth in order to celebrate this and to share the learning.</p>	
18	<p>AE reminded the Governing Body that at previous meetings news was given that Helen Charlesworth-May would be leaving Lambeth to take up a new position in Cornwall. He stated that this would be her last Governing Body Meeting. On behalf of the Governing Body AE expressed appreciation to Helen for her significant contribution to the people of Lambeth over the past 15 years working both in the CCG and Lambeth Council.</p>	
19	<p>AE said that HCM has always been a great advocate of integrated health and in order to ensure that her legacy around joint working is not lost we have started to bring together the Council and the LCCG executive teams. AE confirmed that the first combined meeting held earlier that week had worked well. The plan is for both executive teams to continue to meet jointly. AE noted that this meeting provides a simple way of taking forward integration.</p>	
20	<p>HCM thanked the Governing Body/LCCG for the opportunity to work in Lambeth for 15 years and she challenged the CCG to continue to make good progress on its integration plans.</p>	
21	<p>SG noted the problems being experienced by local providers, specifically the Kings College Hospital financial position. She queried the extent to which the NHS in London is working together to understand how to work through some of the financial challenges that the NHS will face during the next year.</p>	
22	<p>AE confirmed that there is an aspiration from all the regulators to bring together their planning guidance and share it across NHS England and NHS Improvement. Where possible they are seeking to run joint processes and assurance. He said that LCCG continues to work closely with Kings College Hospital NHS Foundation Trust and with other CCGs across SEL for a more joined up system approach.</p>	
23	<p>The Governing Body received the Chief Officer's report for the period 18th January 2017 to 6th March 2018.</p>	

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24	<p>LCCG/GB/18/031 – Presentation</p> <p>The Governing Body received a presentation from the Integrated Adults Programme in relation to repeat prescribing led by DA. DA introduced a member of the presentation team, Anna Hodgkinson, Senior Clinical Commissioning Pharmacist.</p>	
25	<p>DA confirmed that the Medical Protection Society (MPS) was commissioned by LCCG to undertake the work in Lambeth described in the presentation and as such a number of slides have been produced and provided courtesy of MPS. DA also acknowledged the contributions of PrescQIPP and the North East London Commissioning Support Unit in providing some of the graphical materials used in the presentational slides.</p>	
26	<p>DA informed Governing Body members that the presentation seeks to highlight that cutting medicine wastage is not an isolated task but part of the overall plan to support improving the quality of care. She noted that use of medicines cuts across all LCCG programmes and there is good evidence that where medicine users receive support at the start of a new long term treatment, it is likely to result in a more cost effective approach.</p>	
27	<p>The presentation also outlined:</p> <ul style="list-style-type: none"> • National statistics for medicine wastage and the challenges that this poses for LCCG and partners. DA confirmed that the financial cost across South East London was approximately £9m. • Most commonly wasted drugs and practical steps to alleviate waste. • Overview of the work carried out in Lambeth over the past year to tackle medicines waste at the point of repeat prescribing. • DA noted that further work is required to improve communication and to work with groups such as patients, public, community nurses and care services as part of the Lambeth Together programme and to improve levels of waste going forward. 	
28	<p>Governing Body members discussed the presentation and focussed on:</p> <ul style="list-style-type: none"> • How might raising patients' awareness of what can be purchased over the counter, cost of medicine and the process for unused drugs reduce the level of medicines wastage? It was suggested that a message might be displayed in practices to explain what happens to unused drugs and why? DA confirmed that it is possible to share with patients the specific costs of the medication being prescribed. • DA agreed that it is unfortunate not to be able to return unused medicines and she described efforts being made to address the issue. • PJ highlighted a lack of recognition that this is a partnership between the clinician and the patient, which includes effective monitoring of the condition and the medication. 	

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	<ul style="list-style-type: none"> • The importance of having lay member representation on the Prescribing Committee was noted. • Governing Body members discussed the challenges related to management/monitoring of long term conditions. HH described a process at his practice to identify when medicines are not being taken. AH confirmed that an audit is underway to look in a small cohort of patients at possible medicine over/under ordering. • HD commented that there may be a wider Public Health opportunity to link these issues to some non-medical approaches. • The role of improved information and GPs/pharmacy/prescriber dialogue with patients to enable patients to better manage their condition. • AM questioned whether one of the outcomes of the work undertaken is a standard operating procedure for electronic and paper prescription. AH said that presently a standard operating procedure is not available; however this work is an initial step towards future integrated working. • RM raised the issue where patients do not want to take medicines. The Governing Body noted circumstances where the use of non-medical interventions such as Talking Therapies may be appropriate. 	
29	On behalf of the Governing Body, AM thanked the team for the presentation.	
30	<p>LCCG/GB/18/032 – 2017/18 Financial Position as at Month 10, January 2018</p> <p>CC noted that the month 10 Financial Report was recently discussed in detail at the Finance and QIPP Working Group meeting where members of the Governing Body were present.</p>	
31	CC confirmed that overall the CCG forecasted financial plans have deteriorated by £1.6m. This is a direct result of the impact of national cost pressure in terms of NCSOs (No Cheaper Stock Obtainable) or drugs in short supply which is a national issue.	
32	By month 12 the CCG will have returned to a position more in line with the plan due to the release of the ½ % non recurrent system reserve that all CCGs were required to set aside which is approximately £2.3m for LCCG. LCCG is also expecting the rebate in relation to Category M drugs.	
33	Within the acute position there has been slight improvement, for example St George's hospital within emergency and maternity.	
34	CC outlined the context within which the recommendation to endorse the transfer of £700k funding to London Borough Lambeth by a Section 256 agreement to support joint Health and Social Care funding to support our continuing development for integrated services.	

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35	<p>PJ sought clarification on a number of points as follows:</p> <ul style="list-style-type: none"> • ‘Acute Services – Year to Date and Forecast Outturn’ (page 62) and asked for clarification as to costs/financial risks associated with the impact of the charge exempt for overseas visitors. CC explained that this was the result of three different compensating adjustments happening. • 2017/18 in year savings required to support the control total’ (page 69) and savings of £126K on Primary Care Delegated budgets. PJ said as she understood that this was fairly fixed it would be appreciated/useful to learn how this was achieved. CC provided an explanation and offered to go through this with PJ in more detail outside the meeting. • How confident are you of that data for this month is accurate given practices have been provided with erroneous PMS payments by NHS England. CC confirmed that as far as she understands that issues in relation to the PMS position has now been rectified. AP noted that the month 10 financial report was not based upon those erroneous statements therefore the inaccuracy was not reflected in our reporting. 	
36	<p>AE confirmed that LCCG are aware of the issues related to the PMS payments structure and LCCG is having conversations to look into how this can be improved going forward. This is a national contract, however LCCG is doing all that it can to work with Capita and NHS England to improve this.</p>	
37	<p>AM noted the need to ensure that any update on the position is communicated to our member practices.</p>	
38	<p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The 2017/18 financial position as at month 10. • Noted the operation of the SEL risk share agreement in 2017/18 • Noted the latest performance on NHS Lambeth CCG’s cash management strategy 	
39	<p>The Governing Body approved the transfer of £700k funding to LB Lambeth by a Section 256 agreement to support joint Health and Social Care funding for developing integrated services.</p>	
40	<p>LCCG/GB/18/033 – Quarterly Report of the Interim Director of Public Health for Lambeth (October – December 2017)</p> <p>On behalf of Ruth Hutt, Hiten Dodhia, Consultant Public Health presented the Interim Director of Public Health report covering the period October to December 2017 and emphasised the following headlines:</p> <ul style="list-style-type: none"> • Health Improvement – HD confirmed that in November 2017 Lambeth had been successful in achieving a UNICEF Community Baby Friendly Initiative accreditation and a London Healthy Workplace Charter (LHWC) Commitment award. 	

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41	<ul style="list-style-type: none"> • Work to refresh the Lambeth, Southwark and Lewisham (LSL) sexual health strategy was outlined. • Childhood immunisation: HD highlighted some of the challenges and stated that further work to reduce the risk of measles outbreak was required. • Seasonal flu vaccine uptake. • Publication of the Public Health Dashboard. • <i>90% of people with HIV were aware that they were HIV positive.</i> <p>GB members discussed the DPH report and highlighted a number of points:</p> <ul style="list-style-type: none"> • PJ highlighted data quality issues linked to immunisation MMR 2 in particular which confuses the EMIS system and questioned whether this has an impact on data collection. HD agreed that the data quality needs to be improved and he said that this is an on-going piece of work. • PJ noted that in relation to childhood immunisation at risk figures for flu had not been included. HD confirmed that he would look into whether it is possible to include a report on childhood immunisation in a future report. <p>Action: HD to arrange for an update on childhood immunisation to be included in a future Director of Public Health report.</p> <ul style="list-style-type: none"> • AM queried how lessons learned from this year's flu campaign will be used to inform approach and improve the next season. HD confirmed that Public health colleagues are evaluating this year's flu campaign to learn from this. • JBd asked how to raise awareness to ensure that care providers are kept updated on the latest news related to the flu vaccination offer. MMcG said that Lambeth's public health team are instrumental in obtaining NHS England's agreement for care workers to have free access to flu vaccines and the local boroughs are responsible for implementation of this. • RM questioned why the numbers in relation to Best Start in life are low. He suggested that Bexley, ranked in the top position, might be consulted to understand how they are achieving those results. • SG noted a quote from the report "It takes a village to raise a young child" and commented that Lambeth consists of many small villages. How will LCCG and the Local Authority work together in order to make the Lambeth Made campaign easy for people to find out about? TP explained that the Lambeth Made presentation, which will be covered later on the agenda, will give examples of how this might be achieved. • SG said that in relation to Adverse Childhood Experiences, at the start of Lambeth Made can we have some key tests as to whether the approach/plans are going to work? TP confirmed that in Lambeth 	<p>Hiten Dodhia</p>

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	<p>Made presentation later on there will be opportunity to discover how this is working.</p> <ul style="list-style-type: none"> NM confirmed that a lot of input has come from our youth and their version of communication can be very different from traditional means therefore LCCG are seeking to reflect this in its approach. 	
42	The Governing Body noted the contents of the report.	
43	<p>LCCG/GB/18/034 – Clinical Network Update MG summarised the Clinical Network report and updated the Governing Body on Clinical Network reconfiguration activities.</p>	
44	MG noted that the Clinical Network report for January 2018 outlined as part of the LCCG financial recovery process work to look how to better manage costs. As a result of this activity a 20 per cent reduction against each commitment on the clinical network from 1 April has been agreed by the Management Team. MG said that discussion with the relevant Assistant Directors and their teams is taking place to look at how this will be achieved.	
45	PJ commended the First Contact Practitioner Project which highlighted a feasibility study to evaluate the alternative use of physiotherapists as a first contact practitioner for patients with Musculoskeletal conditions as an interesting report.	
46	RM questioned what is the timing for sharing the learning from the Sessional GP dedicated session as set out in the report. MG confirmed that the plan is for the learning from this work/meeting to be included within a future Clinical Network report.	
47	Action: MG to arrange for a further update on Sessional GPs to be presented at a future Governing Body meeting	Martin Godfrey
48	The Governing Body received the Clinical Network Report for the period 18 January 2018 to 6 March 2018.	
49	<p>CCG/GB/18/035 – NHS Lambeth Clinical Commissioning Group Operating Plan 2018/19 and Start Budgets for 2018/19 AP and CC presented the LCCG Operating Plan 2018/19, Commissioning Intentions and Start Budgets for 2018/19 report and highlighted a number of key points:</p> <ul style="list-style-type: none"> 2018/19 Operational planning activities and progress to date including, overview of recent NHS planning guidance, work to finalise 2018-19 contracts ensuring that the LCCG is entering into year two delivery agreements on a sound basis. Update on milestones and processes to date including submission of 	

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	<p>the draft Operating Plan on 8 March and a final Organisational and Operating Plan by the end of April 2018.</p> <ul style="list-style-type: none"> • CC confirmed that additional funding was announced in the February NHS planning guidance. As part of this LCCG received 0.84 per cent or £3.9m of funding. This is required to be used to fund realistic levels of emergency activity to stabilise our waiting lists, and the delivery of the mental health investment standard. • CC reported that from 2018/19 all SEL CCGs are required to deliver an in year surplus of £3.2m. Within the plan the LCCG share of this delivery is £644K and this is still under discussion. • Review of nine must dos and the associated challenges. • CC noted the delivery target for the CCG is approximately £19.2m and currently LCCG have a gap of high risk/unidentified risk of delivery of £3.2m. CC said that work is being undertaken to review the QIPP of other SEL CCG to ensure that opportunities/benefits of at scale working are being maximised. CC confirmed that recovery activities are ongoing and given the QIPP going into 2019/20 remains high for LCCG this means recovery is our business for the foreseeable future. 	
50	<p>Governing Body members highlighted the following issues:</p> <ul style="list-style-type: none"> • RM queried how would the conversation change to reflect changes linked to recovery plans over the next 10 years? AP said that earlier RM had referenced an event that he also had attended the previous day (Different Conversations Training), where the discussion was around moving towards conversation about what is important to you as an individual and how to work together to enable those things that are important to be met. We are looking at a culture change in order to shift the way the statutory sector engages with its population and this aligns well with the Lambeth Together work being undertaken. • AM stated that it would be beneficial for a report to be brought back reflecting on learning when all four events/sessions has been completed. <p>Action: AP to arrange for an update to be brought back to a future Governing Body Meeting on the learning from this series of events.</p> <ul style="list-style-type: none"> • GL questioned that in relation to risk and recovery, are we in a world now where there is an additional statutory and financial duty with regard to system control totals; if so, as a Governing Body we have a greater responsibility to be looking across SEL. As such, what is being undertaken to address this? CC agreed that LCCG needs to be sighted on the risks that are across the system and that this information is embedded within our own reporting. CC explained that the report sets out the risk at the start of the year and updates on these risks will be provided in due course. CC noted that at present we have a SEL 	<p>Andrew Parker</p>

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	<p>CCG control total and wider system control totals will come into effect when we move into an integrated care system.</p> <p>AE noted that the coming year represents the most challenging financial year for the NHS. He said that this is a good plan albeit riskier than previously ones acknowledging that we have not addressed all our risks at this point.</p>	
51	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted progress on the development of the NHS Lambeth CCG Operating Plan and financial framework 2018/19 • Approved Start Budgets for 2018/19. • Noted the financial assumptions underpinning the 2018/19 Operating Plan. • Approved Chair's Action for any changes to the operating plan from 8 March as required by NHS England (NHSE). • Noted that the discussion on the delivery of the SEL CCG STP control total is ongoing. • Noted the performance and financial risks facing NHS Lambeth CCG in 2017/18. • Noted that updated budgets and the Business Plan for 2018/19 will be brought back to the Governing Body in May 2018. This will include a refreshed risk assessment and the approach to managing financial and performance risks in 2018/19. 	
52	<p>LCCG/GB/18/036 – Healthy London Partnership - Planning for 2018/19</p> <p>AE updated the Governing Body on the Healthy London Partnership Planning paper and set out the background to the report noting that HLP is the programme that London's 32 CCGs and NHS England London established in response to the Better Health for London report. Thirteen programmes were created which all contributed to different aspects.</p>	
53	<p>It was confirmed that as the HLP programme evolves it is being developed alongside the development of Sustainability and Transformation Partnerships (STPs) and integrated care systems. The main element of the proposals for 2018/19 is the devolution of resources from London to STP areas therefore some activities that would have been addressed at a Londonwide level have been transferred.</p>	
54	<p>AE summarised the planning process that had taken place to establish the HLP funding envelope for 2018/19. He confirmed that as part of this a review of the financial resources was undertaken. As a result the overall ask of the programme is a reduction on the total HLP London-wide budget compared to last year, and a reduced CCG financial contribution by 45% to support transformation locally.</p>	
55	<p>AE said that it is believed that the proposal is a good package and this has</p>	

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	been worked through by the Accountable Officers across London and addressed in each of the programmes.	
56	AM noted an interest as he is involved in the works of two of those programmes described in the Healthy London Partnership.	
57	RM queried whether AE considers that the financial proposal delivers value for money for LCCG and why? AE affirmed that he believes the plan represents value for money particularly as it generally would not be feasible to carry out this work 32 times for all of London. AE also noted that each programme has a clear project initiation document.	
58	JB stated that there is a significant reduction in the various mental health budgets in the paper and are we assured that each part of London is going to continue to focus on mental health issues in their STP discussions. AE said that while he could not give assurance on behalf of other CCGs there is a requirement for all CCGs in London to at least maintain and keep pace with investment in mental health.	
59	DA commented that it would be useful for the Governing Body to be kept in touch with this work. AE agreed that some thought should be given how to compile the full picture for Lambeth.	
60	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the planning process that has taken place to establish the HLP funding envelope for 2018/19. • Approved the recommended 2018/19 HLP portfolio envelope of £9,244k. This equates to a total CCG contribution of £7,777k (Average - £236k; Range £149k - £323k) including: <ul style="list-style-type: none"> ○ CCG contribution to programmes - £6,308k (Average - £191k; Range £120k - £260k) ○ CCG contribution to core HLP function - £1,467k (Average - £45k ; Range - £28k - £62k) and NHS England (London) contribution to core HLP - £1,467k. • Noted the proposed changes to the HLP operating model and approve the proposed pan-London transformation governance arrangements. 	
61	<p>LCCG/GB/18/037 – Community direct access, non-obstetric ultrasound service - Future commissioning option paper</p> <p>MMcG stated that the paper is asking the Governing Body to make a decision around the decommissioning of the community, direct-access non-obstetric gynaecological ultrasound service.</p>	
62	MMcG set out the historical context and noted that at a previous meeting the specification had been presented to the Governing Body and their approval was sought to go to procurement last year. Since that time an	

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	extensive process around procurement has been carried out for the new service and the specification was extended to the north as well as adding new quality requirement around clinical governance and support.	
63	MMcG confirmed that following completion of the procurement process, the Governing Body received a report in December 2017 on the outcome of the procurement exercise which advised that the evaluation panel were of the view that it would not be appropriate to appoint any of the organisations that had gone through the process. The Governing Body subsequently approved the recommendation of the tender evaluation panel not to award the contract to any of the tenderers.	
64	The three options were outlined and it was emphasised that the service has been well supported by patients and local GPs and there are no inherent issues with the current service. However, the view is that there is no evidence that the service has significant impact on utilisation of acute care in the current localities it is in place and the procurement advice is that the CCG is at higher risk of challenge from other providers if the current contract were extended without testing the market.	
65	MMcG said that in terms of the impact of this action on patients the vast majority use the service on a one-off basis and as patients will be offered choice at various other provider services, there is no evidence of any significant impact on patients or ongoing issues with capacity in areas that we would be concerned about although there are short term capacity issues at Guy's & St Thomas'.	
66	MMcG reported that the incumbent provider has expressed concerns about the proposal to decommission and had asked the CCG to take into account high levels of patient and GP satisfaction with the service.	
67	PJ stated that she would be unhappy with the service being discontinued as this is a service that we would use and are happy with. PJ said that if this is to be decommissioned we would want assurance that there will be equivalent alternative pathways/options available and that the service would be cost neutral. PJ confirmed in her experience most patients use the service on a one-off basis. MMcG confirmed that the analysis undertaken prior to procurement is that the service is cost neutral in that it will not cost more, although it was not evidenced that there would be cost savings.	
68	PJ questioned whether the impact of decommissioning the service would be monitored. MMcG confirmed that work to monitor and measure the impact of discontinuing the service would be undertaken.	
69	The Governing Body approved the recommendation of the Integrated Adults Commissioning Board to progress with option 3, to decommission	

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	the community direct access, non-obstetric gynaecology ultrasound service.	
70	<p>LCCG/GB/18/038 – Living Well Network Alliance Approval HH and MMcG presented the Living Well Network Alliance (LWNA) Approval and updated the Governing Body on the development of the work undertaken with providers to develop the proposed plans as outlined in the report.</p>	
71	HH explained that following the previous Governing Body discussion in January the report now seeks approval of the recommendations in order to commence the LWNA from 1 July 2018. HH explained that this will involve extending the Integrated Personalised Support Alliance (IPSA) and its Section 75 until current Section 75 Agreement from 1 April to 30 June 2018 until the alliance goes live in July.	
72	HH confirmed that the alliance is the next logical step for mental health development in Lambeth for providing integrated care and builds on the work already undertaken on the LWN Hub. The plan is to apply learning from the IPSA programme across the entire system to provide an integrated whole system alliance which comprises the total Lambeth mental health investment across LCCG and the London Borough of Lambeth.	
73	The procurement process started in 2017 and we have been working with providers to develop the LWNA. HH highlighted the elements of the LWNA service noting how these will each address some of the current issues.	
74	<p>MMcG summarised the financial and contractual arrangements and noted that it was important to highlight some key elements of this:</p> <ul style="list-style-type: none"> • This is a significant decision in terms of the scale of what the Governing Body and other partners are being asked to sign up to. • The proposed seven year contract with the option to extend by up to three years, which is a longer term commitment than LCCG has previously entered into. • Financial spend represents the total expenditure on working age adults, £68m of which the majority of this spend will come from LCCG with 17 per cent from London Borough of Lambeth. • Risk components: MMcG noted that it also sets out very different risk components. 	
75	<p>The Governing Body considered the report and discussed a number of key points:</p> <ul style="list-style-type: none"> • CC commented that LCCG has engaged external organisations to 	

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	<p>carry out various pieces of due diligence work on providers such as to look at financial model and cost make-up, and review of schedule 4 of the alliance contract which sets out the financial arrangement and risk share and this is part of the overall assurance.</p> <ul style="list-style-type: none"> • GL stated that he had previously expressed concerns at various points around alliance contracting, however the mature attitude of partners throughout the risk share negotiation and the length of the contract itself represents a huge step and demonstrates the maturity of the partnership and their commitment to the contract and development of this work. • SG asked to what extent will the Governing Body continue to have input into this process as it develops. Also, given the significant risk, how is the Governing Body going to give oversight to it. MMcG explained that the team are working on an overall business case for the first two years that sets out the expected changes. MMcG confirmed that there are key decision points where the Governing Body will need to continue to be engaged in key strategic decisions. • RM asked how life will be different for patients with mental illness over the next seven years. HH said that he would never want to refer a person inappropriately to A&E again. GPs will also have an improved means of identifying where their patients are (secondary care) at any point in time. • PJ asked for clarification as to whether patients will be covered by their residence or GP registration? MMcG confirmed that both groups will have access to the service and this raises some challenges in terms of social care which will be necessary to be worked through. • MG raised a query regarding the communication strategy supporting this work. MM noted that there will be different sets of communications at various stages. Also, there is a communications group with representation from each organisation to work through capacity and how to craft some of those messages. • AM questioned given the length of this contract and uncertainty around predicting what the world would look like, how for example would we manage patient choice coming from other sectors into mental health. • MMcG confirmed there are a lot of policy issues, some of which are unknown and in reality what is going to happen over 7-10 years cannot be predicted. However some areas will remain consistent in approach. She noted that it is recognised that the process to offer patient choice will need to be worked through over time; beyond mental health there is a formal requirement to offer patient choice. • HCM requested a formal note in the minutes of the meeting in relation to the valuable contributions of the team who carried out the work. 	
76	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed to the extension of the Integrated Personalised Support Alliance (IPSA) and existing S75 Partnership Agreement (covering IPSA) for the period 1 April to 30 June 2018. 	

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	<ul style="list-style-type: none"> • Agreed to enter into a new S75 Partnership Agreement including pooling of funds and lead commissioner arrangements via NHS Lambeth CCG from 1 July 2018 to support the LWNA, with final sign off to be delegated to the Council Strategic Director for Adults and Health and CCG Accountable Officer and Chief Financial Officer. • Agreed to enter into the proposed LWN Alliance Agreement from 1 July 2018 with key partners as set out in this report and for final sign off to be delegated to the Council Strategic Director for Adults and Health and CCG Accountable Officer and Chief Financial Officer. • Agreed to the financial contributions and overarching risk share principles as set out in this report. • Noted that all of the recommendations above are subject to attaining approval from all Alliance partner boards, including final approval of the service and financial plan, the satisfactory conclusion of due diligence work and approval from NHS England and NHS Improvement through the Integrated Support and Assurance Process (ISAP). 	
77	<p>LCCG/GB/18/039 – Working with families and carers – A framework for action – progress on action plan</p> <p>Denis O'Rourke, Assistant Director Mental Health, Integrated Commissioning, Adults presented the Working with families and carers report and briefed Governing Body members on the progress of the action plan.</p>	
78	<p>DoR confirmed that there have been positive conversations with various partnerships, Programme boards, and service departments with a view to establishing a service support offer for carers in future. This is a work in progress and it is evident that there is substantial further work to be undertaken.</p>	
79	<p>He confirmed that this work is well supported by carers and one of the next steps is to look at setting up a standing Carers Collaborative Strategy Group to drive this work.</p>	
80	<p>AM noted the contributions of Councillor Robert Hill to this work and acknowledged his recent retirement.</p>	
81	<p>SG expressed concerns that the listed actions do not include anything regarding the challenges faced by carers who are prevented from being involved in issues concerning the person they care for on the grounds of confidentiality and asked had this issue been featured in conversations? DOR said it had not been explicitly discussed however the programme is alive to this matter. DoR highlighted challenges partly due to variation in how services apply confidentiality in relation to carers. He reported that SLAM has been doing some excellent work around engaging with carers and supporting the workforce to take a more holistic approach and give assistance to the role of carers.</p>	

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82	SG noted the importance of ensuring that general practice is clear on its role. DA agreed and explained that over the past year practices have been asked to review and update carers registers and further work is required to indicate where the carer has been authorised to discuss matters related to the cared for person.	Denis O'Rourke
83	AE requested that an update report is brought back to the meeting in a year's time to ensure that to the Governing Body has visibility of this work.	
84	Action: DoR to arrange for a Progress update to be brought to the Governing Body Meeting in Spring 2019.	
85	The Governing Body noted the development of the "Working with families and carers – A framework for action" action plan.	
86	LCCG/GB/18/040 – Lambeth Made NM, Governing Body Member, South East locality introduced members of the presentation team Shaffique Prabatani, Community Engagement Manager, Children's Commissioning & Improvement Team, Lambeth Council/NHS Lambeth CCG and TP, Interim Director of Children and Young People's Commissioning and Improvement.	
87	<p>The team summarised the Lambeth Made campaign presentation and highlighted the following key points:</p> <ul style="list-style-type: none"> • Background and rationale: NM noted that the Lambeth Made campaign describes work undertaken over the past year which has a multi-agency approach and input from the voluntary sector and children and young people (CYP) and is one of the five programmes of work within the Children & Young People's Plan. It is an umbrella campaign focussed around mentoring which hopes to establish a sense of belonging, success and bringing the community together to help it to resource itself. • Campaign objectives were outlined. TP said that the campaign offers the opportunity to improve outcomes, think differently about our approach and embrace all groups that young people can make contact with to make Lambeth a great place for CYP to be born into, grow up in, live and aspire to. • Four target groups were outlined: community, local business, CYP and their families, public and voluntary services. SP shared examples of how it is envisaged that each group can get involved going forward. 	
88	SP said that what is new and interesting is that so many CYP and organisations want to get involved and it is recognised that there is a lot of additional added value and resource in the community that Lambeth Made	

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	would like to harness.	
89	AE commented that in practice sometimes it can be difficult for people to help due to legislation and asked how the Lambeth Made campaign can make it easier to get involved.	
90	SG asked if there is a list of things which make it easy for people to contribute as she considered that many people do not identify with the whole of Lambeth as a village and would be inclined to contribute to their neighbour firstly. SP confirmed that the concept of village has come from local people and representatives of small niche communities. Lambeth Made is the brand to unify all these activities together.	
91	SG questioned in terms of underused resources, such as adventure playgrounds, which people are aware of and how to make possible for these to be utilised. SP stated that the adventure playground issue has been noted. It was confirmed that YMCA has organised an adventure playground collective to discuss this issue and have commissioned joint training and joint resource.	
92	A member of the public highlighted concerns raised at a recent Black Thrive meeting that many CYP are not born in Lambeth. It was confirmed that the Lambeth Made concept is related to the positive influence of Lambeth that has helped to shape you rather than being born in Lambeth and the campaign will try to ensure that the right message is conveyed.	
93	The Governing Body: <ul style="list-style-type: none"> • Signed up to the campaign. • Noted the content of the slides. 	
94	LCCG/GB/18/041 – Report from the Chair of the Integrated Governance Committee The Governing Body noted the report of the Chair of the Integrated Governance Committee and the Integrated Governance and Performance Report for February 2018.	
95	LCCG/GB/18/042 – Report from the Chair of the Primary Care Commissioning Committee SG informed the Governing Body that this would be the last meeting that she would report on as JBd has agreed to take on role of chair going forward.	
96	AM thanked SG for the work undertaken as Chair of this Committee over past years and welcomed JBd to her new role as Chair.	
97	The Governing Body noted feedback from the Primary Care Commissioning Committee held on 17 January 2018.	

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98	LCCG/GB/18/043 – Report from the Chair of the Audit Committee GL presented the report and confirmed that there was nothing further to note to that set out in the report.	
99	The Governing Body noted the Audit Committee Summary of the items that were discussed at the meeting on 31 January 2018.	
100	LCCG/GB/18/044 – NHS Lambeth CCG Audit Committee Approved Minutes The Governing Body received the approved the minutes of the meeting held on 25 October 2017.	
101	LCCG/GB/18/045 – NHS Lambeth CCG Integrated Governance Committee (IGC) Approved Minutes The Governing Body received the approved minutes of the meeting held on 13 December 2017.	
102	LCCG/GB/18/046 – Other Approved Minutes The Governing Body received the approved minutes of the following meetings: <ul style="list-style-type: none"> • Health and Wellbeing Board, 12 October 2017. • Lambeth Safeguarding Adults Partnership Board (LSAB), 10 October 2017. Available at: https://tinyurl.com/j6j42oh	
103	LCCG/GB/18/047 – Any Other Business JB gave a reminder to Governing Body clinical colleagues about the End of Life Protected Learning Time event taking place the following day.	
104	LCCG/GB/18/048 – Next meeting Wednesday 2 May 2018 1.00pm – 4.00pm, Venue: The Foundry, 17 Oval Way, London SE11 5RR	

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