**Leeds West CCG Governing Body Meeting**

**Date of meeting:** 4 November 2015

**Title:** Summary of Clinical Commissioning Committee Meetings held on 16 September & 21 October 2015

**Lead Governing Body Member:** Dr Simon Stockill, Medical Director & Dr Pete Belfield, Secondary Care Consultant

**Report Author:** Laura Parsons, Head of Business & Corporate Services

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<td>Decision and Approval</td>
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**Approved by Lead Governing Body member (Y/N): Y**

**Strategic Objectives – that this report relates to**

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<td>1. To tackle the biggest health challenges in West Leeds, reducing health inequalities</td>
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<td>2. To transform care and drive continuous improvement in quality and safety</td>
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<td>3. To use commissioning resources effectively</td>
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<td>4. To work with members to meet their obligations as clinical commissioners at practice level and to have the best developed workforce we possibly can</td>
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**Joint Health & Wellbeing Strategy Outcomes – that this report relates to**

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<td>1. People will live longer and have healthier lives</td>
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<td>2. People will live full, active and independent lives</td>
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<td>3. People will enjoy the best possible quality of life</td>
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<td>4. People are involved in decisions made about them</td>
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<td>5. People will live in healthy and sustainable communities</td>
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**Assurance Framework - to which risks on the GBAF does this report relate?**

Ref. 1A&B: Sub-Optimal Quality Provider and Primary Care
Ref. 5A&B: Member Practice Engagement as commissioners and as providers of primary medical services

**EXECUTIVE SUMMARY:**

This report provides the Governing Body with a summary of items discussed, outcomes and risks identified at the Clinical Commissioning Committee meetings held on 16 September and 21 October 2015.

**RECOMMENDATION:**

The Governing Body is asked to:

(a) **RECEIVE** the report.
Description of key items of business discussed

16 September 2015
The Committee received an update on the transformation programme, including the citywide partnership governance review being led by Price Waterhouse Coopers which was aiming to streamline health and social care meetings across the city. The transformation programme and the Leeds Institute for Quality Healthcare would be more closely aligned going forward.

The Challenge Fund was discussed, and the Committee was informed that member practices had set up a limited company to manage the funding. Feedback was provided from the Community Pharmacy event; data showed that 98% of patients accessing the pharmacy care team were managed by the Community Pharmacists directly, and only 2% needed to be referred onwards.

Updates were provided in relation to key meetings, including the Provider Management Groups and Locality Development Sessions. The Chief Finance Officer provided an update on the CCG’s financial position.

The Committee was provided with a briefing around health commissioning for the Armed Forces, and the requirement for military veterans to receive priority access to secondary care for conditions which are likely to be related to their service (subject to the clinical needs of all patients). GPs are being encouraged to ask patients if they have been or are serving in the armed forces and for GPs to include this on their records.

The topic of the development session was patient experience and members were asked to consider the role of clinical and primary care commissioners at each stage of the patient experience journey.

An overview of the Patient Empowerment Project (PEP) was provided, including the outputs achieved in the past year since the start of the scheme. The data shows that the number of GP appointments being used by PEP patients has decreased.

21 October 2015
There was a discussion around primary care co-commissioning and current plans to submit an application for delegated authority, subject to agreement by members and the Governing Body. Member responses were currently being received. The importance of clear communications with members and visibility of Governing Body members was highlighted.

The Chief Executive provided an update on transformation. There were issues around Delayed Transfers of Care at LTHT and solutions were being developed with the Trust Development Authority. Two workforce project managers would be appointed to help to develop innovative methods of recruitment, and new roles.

Updates were provided from key meetings including the Patient Assurance Group (PAG). The Committee approved the revised PAG Terms of Reference which are attached at Appendix 1 for information. The Chief Finance Officer provided an update on the financial position. There were increased costs associated with respiratory disease and it was noted that this is often flagged as an issue for member
practices within the Primary Care webtool. The CCG does not have a clinical lead for respiratory disease but there is expertise within the Medicines Optimisation team which could be used more widely across the CCG.

The development session included an update on the commissioning of community services from the Commissioning Lead at Leeds South and East CCG. The indicative position showed that Leeds West was under plan, but less so than other parts of Leeds. Workforce recruitment and retention were also highlighted as particular issues for the community trust. There was also a discussion around plans for increasing the number of community beds.

The Committee also received an update on the Integrated Neighbourhood Teams. Members particularly discussed the need for OD support across the teams to help them work together effectively.

| Items to be escalated to the Governing Body | N/A |
| Strategies/Policies approved | |
| Strategy/Policy | Approved Y/N | Conditions of approval/amendments/further action required |
| N/A | |

| Any other Comments: | N/A |
1. Purpose
The Patient Assurance group exists to ensure that:

- All commissioning proposals are developed with appropriate and sufficient public engagement plans and activities.
- All commissioning proposals are reviewed from a patient and public perspective.

2. Membership
The structure of the patient assurance group will include:

- Chair – Lay Member, Patient and Public Involvement, NHS Leeds West Clinical Commissioning Group (CCG) Governing Body.
- PPI Officers – NHS Leeds West CCG
- Up to 20 members with membership representing the different communities and areas of NHS Leeds West CCG
- 1 member from Leeds HealthWatch
- Others may attend for specific agenda items e.g. commissioning managers

The NHS Leeds West CCG patient and public involvement member of NHS Leeds West CCG Governing Body will chair the meetings. A substitute chair will be agreed by the members of the group in the event of the chair being unable to attend.

3. Quoracy
A minimum of five members must be present.

4. Frequency and timing of Meetings
Meetings will take place on a monthly basis (or as necessary).

5. Administrative Support
The patient assurance group will be supported in its work by an officer from NHS Leeds West CCG who will:

- Prepare meeting agendas and ensure the agenda together with any supporting papers are received by members at least five working days before a meeting
- Check quoracy before each meeting
- Prepare draft minutes for the Chair’s approval within seven working days and issue approved minutes within 14 working days of a meeting
• Draft suggested items to be included in the Communication, engagement and equality and diversity quarterly review
• Draft suggested items to be included in the annual Statement of Involvement prior to it going to the NHS Leeds West CCG Governing Body (Please note: we are awaiting confirmation from NHS England with regard to the statutory content of this document)

6. Functions and remit
• To receive draft engagement plans prepared to support proposals for commissioning new or reviewed services from commissioning teams.
• To use the expertise of the group members to make informed suggestions and recommendations to improve engagement plans and the commissioning processes they are scrutinising.
• To provide assurance to the Governing Body via the Clinical Commissioning Committee (CCC) that the voices of patients, public and carers are heard and taken into account in the development of commissioning proposals and achievement of commissioning objectives.
• To provide assurance to the Governing Body via the Clinical Commissioning Committee (CCC) that the following statutory guidance is met:
  o Section 14Z2 of the NHS Act 2006 (incorporated in Health and Social Care Act 2012)
  o Section 244 of the NHS Act 2006 (incorporated in Health and Social Care Act 2012)
  o Section 234 of the Local Government and Public Involvement in Health Act 2007
  o The four ‘Nicholson tests’
  o The NHS Constitution
• To agree key documents including consultation documents, engagement plans, the annual statement of involvement and updates to the Governing Body on progress made on patient and public involvement.
• To promote the involvement of real patient voices in key pieces of work and to ensure that they have been heard in decisions made across the CCG.
• To provide assurance that Equality Impact Assessments are integrated and implemented within the commissioning cycle.

7. Accountability decision making and issue resolution
• The patient assurance group is an advisory body and does not have decision making powers.
• It formally reports to the Clinical Commissioning Committee (CCC) and Governing Body through the Chair.
• Members will raise issues of concern with the rest of the group based on information provided by commissioning teams. In the first instance, the group may decide to refer an issue back to the commissioning team for further consideration. It is anticipated that this will resolve the vast majority of concerns.
• The patient assurance group will have the authority to refer commissioning cases for change back to the commissioning team concerned where the group feels that it is not assured on the issues presented.
• It is important that commissioning teams engage with patient assurance group members at an early stage by providing a clear summary of the proposed work
and a first draft outline of patient and public engagement plans; so that the process runs smoothly and unnecessary delays are avoided.

- If agreement is not possible, the patient assurance group can refer an issue to the Clinical Commissioning Committee and in very exceptional circumstances, to the NHS Leeds West CCG Governing Body.

8. Executive responsibility
Leaders of commissioning teams are responsible for involving PAG members and responding to their suggestions and concerns. It is imperative that the commissioning teams engage with the assurance group at an early stage to ensure no delay in the formal decision making of the organisation.

Leaders of commissioning teams should ensure that those presenting information to the PAG:

- provide a clear summary of the objectives of their work
- have produced an initial outline of what they will engage with patients and the public about, when they will need to engage
- think about specific groups to engage and how that might best be achieved so ideas can then be meaningfully discussed

It is the responsibility of the Communications team at NHS Leeds West CCG to establish and maintain the profile of the assurance group. In particular to ensure senior commissioning managers promote and support the work of the group.

The Governing Body member with responsibility for Patient and Public Involvement and PPI facilitator will agree the annual budget for the assurance group, including, for example, support for room hire, stationery and members’ travel and expenses.

9. Reporting and feedback

- Chair to represent group on NHS Leeds West CCG Governing Body
- Chair to represent Group on NHS Leeds West CCG Clinical Commissioning Committee (CCC)
- Members to feedback to commissioning teams on specific commissioning proposals in development
- Group to give feedback and make recommendations on engagement plans
- Group to feedback on its work to Patient Reference groups

10. Conduct of the group
Members of the group are required to comply with the PAG Code of Conduct, including the need to declare conflicts of interest at meetings, as explained in the Code of Conduct.

11. Patient members role specification
The patient representatives will attend and contributes to the NHS Leeds West CCG Patient Assurance Group meetings and actively contribute to the organisation’s commissioning planning work.
The aim is to ensure that through the work of the patient assurance group and the delivery of engagement plans the commissioning team is informed and influenced by lay-representative views. These views will bring a public perspective to, and scrutiny of, the commissioning process and wider work of the CCG. The group should also make sure that decisions about services and the delivery of care are influenced by patients and carers.

Patient representatives must:
- be registered with a GP in NHS Leeds West CCG;
- be objective, have a balanced approach, and draw on and use their perspective as a member of the public to contribute to group debates and decisions;
- be committed to working collaboratively with commissioning teams and act as a two way channel of communication between the patient assurance group and the commissioning teams;
- be prepared to voice their view as a lay representative and contribute to debate within the commissioning team; and
- actively seek opportunities to develop their own skills and knowledge so that they can deliver the role effectively.

Terms of appointment and accountability
The appointment will be for a period of two years, and the representative will be accountable to the patient assurance group. He or she must attend meetings regularly to give feedback from commissioning teams to the assurance group, and to gather views and information to take back to the commissioning teams. A formal review will be undertaken annually to evaluate the effectiveness of the group and representatives may be asked to continue for a further two years.

Involvement expenses
The patient representative will be able to claim for legitimate expenses incurred in the role as detailed in NHS Leeds West CCG’s involvement expenses guidance. Expenses would be claimed using an official form through a representative of NHS Leeds West CCG. Receipts will be required where appropriate.
Patient Assurance Group – Code of Conduct for Meetings

The Code of Conduct is intended to be a set of guidelines which indicates to members of the PAG what to expect and what is expected of them when participating in meetings as part of the Leeds West Clinical Commissioning Group. It sets out some basic common sense requirements which will enable the group to function smoothly and effectively.

PAG membership assumes that you have either some relevant experience in NHS matters and/or an interest in the NHS and your local community, and that you are prepared to attend and take a full part in the regular meetings.

The basic purpose of the PAG is to advise Health Service personnel on the public engagement aspects of proposed projects and commissions. These might be considered in a written submission, or the relevant member of staff might attend to present the project. Therefore your own experiences and views should inform, rather than dominate or dictate your views. You may need further clarification from the member of staff in order to form your opinion, but your participation should always be as objective as possible.

PAG meetings. Before the start of each meeting members are required to declare any actual or potential conflicts of interest in any of the agenda items (Annex 1).

Meetings are conducted in the standard manner, i.e. with a Chairperson leading a pre-determined Agenda, and all members are able to contribute to discussion of each item. This process assumes that members are friendly, polite, courteous and respectful to each other, and to others who may not be present, as is usual good practice in such interactive situations. Members may have different views on a topic, but they should always take into account each other’s personal differences and circumstances and treat each other fairly.

If in the course of the meeting you wish to raise any individual or personal matters which are not pertinent to the meeting, you might wish to discuss these with a member of staff after the meeting ends.

Confidentiality. As a member of the PAG you will be involved in planning patient and public consultations before they are announced to the general public, so you will be expected to keep information confidential until the public announcement. You may also become aware of the experiences and cases of individual patients or members of staff. These will be anonymised but may be recognisable, so it is imperative that you do not disclose details that allow individuals to be identified. It is also important that in discussion individual patients or members of staff are not referred to by name but simply generically, e.g., a neurology out-patient, a G.P. from the student medical practice, a ward nurse from L.G.I.

Communication. Members receive regular communications from the Engagement Team. These are normally sent electronically, although can be sent by post if requested. Most require a response, and it is vital to the successful running of the PAG that members respond as requested. Also, for the same reason, members not able to attend a forthcoming meeting should ensure that they send an apology in advance.
Annex 1

Conflicts of Interest Guidance Note for Patient Assurance Group Members

The CCG has a legal requirement to manage conflicts of interest and potential conflicts of interest to ensure that they do not affect the integrity of the CCG’s decision making processes.

A conflict of interest is defined as “a set of conditions in which professional judgement concerning a primary interest (such as patients’ welfare) tends to be unduly influenced by a secondary interest (such as financial gain)” or a situation in which “one’s ability to exercise judgement in one role is impaired by one’s obligation in another.”

As a member of our Patient Assurance Group (PAG) you are required to let us know if you have any conflicts of interest relating to any items that will be discussed at a PAG meeting.

You must declare any conflicts relating to your family and close friends as well as your own conflicts.

We will remind you about this requirement before each meeting so that you can check whether you have any conflicts to declare. If you do have any conflicts, please let us know before the meeting so that the PAG Chair can decide whether any action needs to be taken, for example asking you to leave the room whilst a particular item is discussed.

If you are unsure whether you have a conflict, please let us know so that we can advise as appropriate. The CCG works on the principle of “If in doubt, disclose.”

You will be asked to declare any conflicts at the start of each meeting and they will be recorded in the PAG minutes. Any action taken, such as asking you to leave the room, will also be recorded in the minutes.

Some examples of the types of conflicts that may arise are as follows:

- The PAG is asked to consider the engagement plan for a new service, and your brother is a Director of a company that may bid to provide the service.
- The PAG is asked to consider a proposed pathway re-design, and your daughter works in the relevant department at Leeds General Infirmary and could be affected (positively or negatively) by the proposed changes.
- The PAG is considering proposals to de-commission a service that you currently use.
- The PAG is asked to look at a proposal to increase the use of Care Homes, and your partner is a Director of a Care Home that could be affected by this.