

Central London Healthcare, a Community Interest Company

Board of Directors Meeting Minutes

Date	06/01/2015	Time	12:15 – 14.00pm
Venue	CLH meeting room		

Present

- 1. CHAIR: Mathew Johnson, (MJ)
- 2. Marina Muirhead, (MM)
- 3. Dr Maher Shakarchi, (MS)
- 4. Dr Dennis Abadi, (DA)
- 5. Dr Andy Goodstone, (AG)
- 6. Dr David Spiro, (DS)
- 7. Jeannette Creaser, (JC)
- 8. Andrew Gage, (AG)

In attendance

Minutes: Derya Ismail (DI). Tom Elrick, (TE) – CL – CCG

Apologies

Joan Gordon, (JG)

Conflict of Interests

No conflict of interests declared.

Minutes of the previous meeting

Approved with no comments.

Item Action

1 Whole Systems Integrated Care

Following the CLH contract monitoring review on 19/12/14 the CCG rejected the proposal previously pulled together by CLH to evolve the WW service. Subsequently AG and CT met with TE on 29/12/14 to talk about the evolution WW as a care co-ordination function of WSIC. There was also discussion about ceasing the current contract and commencing work on the design of a care planning template amongst other things within this financial year.

MM to respond to TE proposal on the future re-design of WW and the CCG offer. All board members due to the current overspend of the WW service were against ceasing the current contract due to payments due by the CCG should the service reach the 3030 care planning numbers (to date the service was around 3000 care plans). The board asked MM to contact the CCG will the offer of 3 proposals:

- 1. Do nothing the service continued to deliver to its contract
- 2. We continued to do the 'as is' but received separate monies to allow AG and the service to develop the care co-ordination function
- 3. Cease the current contract and receive monies from the CCG which would be owing for delivery of care plans post 3030 (£69.66 per plan).

TE now joins the meeting

TE was in attendance at the meeting speaking on behalf of the CCG- his paper "Proposal for Development of Care Co-Ordination Service" which has been received by board members before the meeting.

TE started by apologies for financial amount suggested in paper. TE stated that he would like the WW service to be used create a single plan template. TE informed that group that a business case has been created for WSIC and is currently being looked at by Matthew Bazeley. MJ and MS asked TE where this piece of work sat in relation to the CIS and TE confirmed that community independence is a separate piece of work to WSIC, Board members questioned this as it has the same aims as WSIC and in many cases covers exactly the same patient cohorts.

TE was informed that the redundancy consultation for all staff members affected by change – PRS and WW had commenced that day and that Due to the decommissioning notice placed on the WW service 3 members of staff have resigned and 1 staff member is due to go on Maternity leave. TE asked what it would take to cease the redundancy consultation and MM stated a response to the three proposals which she articulated again for TE. TE stated that he would speak to MB and RK and respond later on in the day with the CCG view.

TE also informed the Board that he would be leaving CL CCG on Friday 16th January 2015 and that the work would be taken forward by the Integrated Care Team.

TE to speak to MB and RK and inform CLH of the outcome of these discussion in relation to the future of WW.

2 Community Independence Service – Lead provider update

Details removed from the minutes due to commercial sensitivity.

3 Update from the Finance and Assurance Committee

Members noted the minutes from the Finance and Assurance Committee.

4 Update from the Quality and Safety Committee

Members noted the minutes from the Quality and Safety Committee.

5 CLH Leadership

It was discussed and agreed by all board members in attendance that MJ (current Chair) will remain as the Chair of Board.

Their needs to be clarification on a few points primarily the role of each board member needs to be define by either:

- 1. Advisory role
- 2. Executive role

MJ suggests board needs to clarify how many hours each member can contribute; they need to also clarify the amount of hours currently being supplied. MM raised the point that there is no Board member from PCP. The attendance of Emma Coore to board meetings are necessary. The board also agreed that a review of salaries should be independently lead and agreed with the CLH Patient Participation Panel to be agreed by 31.03.15.

MM to invite EC to Board meetings

Agreed:

- MJ happy to reduce clinical sessions in General Practice to be able to come to CLH and give fixed time to support MM in running the organisation
- DS can be flexible with time and would like to continue to work as the Board clinical lead for the development of the CIS and the PRS
- DA cannot commit to giving extra time at present
- > MS will continue on Finance Board lead
- > AG will continue as the clinical lead for the WW service
- > JC will continue as the Board lead for WSIC and OOHS

Agreed that JC & DS will attend WSM

MM has agreed to remain in post until 31.03.15; MM feels that the organisation should now move to recruit a substantive MD to give staff members and the organisation some long term stability.

MM to develop job description and advertise

Next meeting

Tuesday 27th January 12.15-14.00pm at CLH meeting room – Follow on from finance meeting.