

PART ONE MINUTES

**Slough Clinical Commissioning Group Governing Body in Public
Tuesday 4TH October 2016 12.00 – 15.00 at
The Slough Centre Conference Venue
Farnham Road, Slough SL1 4UT.**

Present:

Dr Jim O'Donnell	(JOD)	Chair
John Lisle	(JL)	Accountable Officer
Nigel Foster	(NF)	Director of Finance & Performance
Sarah Bellars	(SB)	Director of Nursing & Quality
Dr Asif Ali	(AA)	GP Board Member
Dr Ajaz Nabi	(AN)	GP Board Member
Mike Connolly	(MC)	Lay Member PPG
Alan Sinclair	(AC)	Director Adult Services SBC

In attendance:

Karen Shukla	(KS)	Communications Manager for Slough CCG
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	Introduction	
1.1	Apologies were noted: Fiona Slevin-Brown, Sangeeta Saran, Sue Bowden, Dr Lalitha Iyer.	
1.2	No conflicts of interest were declared in relation to the Agenda	
1.3	The Governing Body accepted the minutes of the 7 th June 2016 as an accurate record	
2.	Pre-notified questions from the public	
	No questions were received from the public	
3.	Accountable Officers Report (John Lisle)	
	<p>JL summarised the AO's report.</p> <p>The Sustainability Transformation Plan (STP) Reference Group Meetings are gathering momentum with NHS England and Specialist Commissioning attending the meetings. The next steps were discussed and if there was a financial challenge across the system and what kind of commissioning structures would be needed in the future.</p> <p>The required financial template for the Sustainability & Transformation Plan (STP) was submitted to NHS England on 16th September. The full plan will be submitted on 21 October this will be circulated to the Governing Body members in confidence. This public will be made aware towards the end of the year.</p> <p>The CCG Commissioning Intentions for 2017/19 have been drafted and will be submitted to NHS England by 24 November. The plans will be compatible with the STP as well as identifying local priorities in Slough.</p>	

	<p>The Systems Resilience Group has now been changed to the A&E Delivery Board. One major change is that the responsibility for planned care comes out of that Board and there is a slightly shorter term more operational focus to it. August A & E performance was poor due to non-recurrent issues such as a staff rostering over the weekend and IT problems. In September performance recovered well and will hit 97%.</p> <p>Governance structures would be reviewed in six months' time. This review will begin following the next Joint Governing Body meeting being held in November.</p> <p>The Governing Body noted the Accountable Officers Report</p>	
4.	Chairs Report (Jim O'Donnell) Verbal	
	<ul style="list-style-type: none"> • The National Patient Survey came out over the summer. The survey consisted of 62 questions across a range of areas in relation to general practice. Slough CCG and Slough have a challenge in this area because of high population health needs, areas of deprivation and various other demographic factors. The Health Services Journal (HSJ) commented that Slough is the fastest improving area in the country in terms of GP access of approximately a 5% reduction in patients who cannot get an appointment or see or speak to a GP when they approach their general practice. • There has been an improvement in the 8 and 9 care processes in diabetes this has been noted and we were invited to share this best practice nationally at the HSJ Summit meeting. The Right Care process is used effectively to identify our priorities and deliver an improved performance. • Slough practices voted against delegated commissioning with a narrow 'no' vote. JOD, NHS England members and Slough Borough Council members will be revisiting the practices to ask for their feedback. • The 10th anniversary of Slough Senior Citizens Group was held in July. The theme was around activity, exercise and reducing loneliness and the services that the CCG and Slough Borough Council commission around keeping people active. • The Wellbeing Board met last week and there were 4 priorities that will be focused on: Children's Safeguarding being the highest priority, mental health, Housing and Health inequalities. The Wellbeing Board will look across at each of these priorities and look at all the key issues they can help with. • JOD mentioned that Nasreen Bhatti Lay Member for Governance and a member of the Governing Body had resigned and thanked Nasreen for all her hard work and dedication. • Slough, Bracknell & Ascot and WAM CCGs have recruited a new Medical Director, Dr Lalitha Iyer who will be responsible for getting the best out of the Clinical Lead GPs for their clinical input into services. <p>The Governing Body noted the Chairs report</p>	
5.	Quality & Performance (Sarah Bellars)	
	<ul style="list-style-type: none"> • Acute performance and quality is very positive. • SCAS performance is not meeting the standards that we would want. Agreed with the Trust a recovery trajectory which will take us through to the end of March 2017. The greatest challenge will be around staffing. • Slough remains under achieving in dementia diagnosis. The improvement plan that is being put into place is starting to see a slight improvement. • There has been a higher stillbirth rate in Slough compared to the other East Berkshire CCGs. This could be a population problem rather than an Acute 	

	<p>Trust or Provider problem. Working with Public Health and acute colleagues to look at the population factors and understand why this may be the case and to make sure we are communicating the appropriate messages into the community.</p> <p>JOD had an issue with the coding for Dementia. Expect this to be resolved and therefore to reflect a truer picture of the performance. SB replied that if this is a significant risk this should be outlined in the plan and would check to see if the coding is in the plan.</p> <p>Taking the mortality review forward. Following the Mazzars review in Southern Health it was identified that they hadn't recorded and reviewed all of their learning. Doing a piece of work across East Berkshire looking at a small cohort to investigate between 2011 to date. Trying to do this across the Acute Trust, Mental Health Trust and Primary Care. The review will be done in the next 2 months.</p> <p>The Governing Body noted the Report</p>	
6.	Strategy	
6.2	<p><u>Operating Plan Timetable & Commissioning Intentions</u></p> <p>JL gave an update on the design principles around the operating plan timetable 2017/18 – 2018/19 and the Commissioning Intentions. The Commissioning Intentions involves what we want to commission and decommission this is done in the Summer and forms part of the Operating Plan for the Winter. A two year final Operating Plan will be submitted on 23rd December. The draft submission of the Planning Guidance will be submitted on 24th November and the final submission will be just before Christmas.</p> <p>To bring the assured version to the next Governing Body in Public in January 2017.</p> <p>The Governing Body noted the Operating Plan Timetable & Commissioning Intentions</p>	
6.3	<p><u>Communications and Engagement Update</u></p> <p>Karen Shukla talked through the highlights of the above.</p> <ul style="list-style-type: none"> • An Open Day was held on the 19th June at the Slough practices. • Almost 1000 questionnaires were completed. • The asthma Bus visited 15 of the largest secondary schools in Slough where staff were able to give practical advice on asthma management. • The AGM took place on 2nd September with a good public presence. After the formal part of the meeting there was an opportunity to take part in table top discussions topics included: Urgent Care, Planned Care, Integration, Children, Mental Health & Primary Care. <p>The Governing Body noted the report.</p>	
6.4	<p><u>End of Life</u></p> <p>Mary Purnell presented the results of the Deep Dive into End of Life. The aim is early identification of people approaching the End of Life whatever the diagnosis. This links in with Advanced Care Plans (ACPs) to have the opportunity to have that important crucial conversation at the right time for their plans and preferences for their end of life.</p>	

	<p>Slough has a significantly higher proportion of people dying in hospital against the England average. Need to get some evidence and understanding around this so that it can be influenced in the appropriate way.</p> <p>JOD mentioned that a comparison in terms of variations between practices in Slough would be useful and it would be worthwhile to attend some of the GSF meetings in the practices where all the cancer deaths are discussed in terms of what can be learnt from what happened.</p> <p>MP said that further data collection is now going to be done on a Thames Valley basis and this will be a Thames Valley average and not a CCG average. To build in some data collection around quality of surveys with patients and carers so that we can establish a local picture.</p> <p>The Governing Body noted the presentation</p>	
7.	Questions from Members of the Public	
	No questions were taken from the floor	
8.	Finance & Corporate Governance	
8.1	Finance Report Month 5	
	<p>NF gave highlights from August Month 5 and forecast for the year end.</p> <ul style="list-style-type: none"> • Forecasting the CCG is on target to deliver with the required surplus of £2m for the year. • Budget for Planned and Unscheduled Care which is mostly the acute activity is forecast over budget by £600k. • To include within our forecast the impact of a 40% increase in funded nursing care costs. The impact for Slough CCG is £350k. Reduced some of the provisions in Continuing Healthcare by £175k this has mitigated some of the impact. • The Medicines Optimisation team are working very hard on the areas where we can improve on our expenditure pattern on prescribing. • The Financial Plan has to be submitted on 1st November and at the end of November. <p>The Governing Body noted the Report</p>	
8.2	Governing Body Assurance Framework	
	<p>SB introduced the Assurance Framework. Three risks have improved and one risk the rating has deteriorated.</p> <p><u>RS07 GB 23 – deteriorated risk</u></p> <p>NF summarised the Risk. This was to increase our focus on our medium and longer term estates strategy. This is a view across all 3 CCGs in the Federation The pace and development of some of our estates strategy was not quite as fast as it should have been. There are some good individual features such as the progress we have been making on some of our Primary Care applications which are progressing well. There is a concern that if the financial resources are not there to support the development we will be impacted. Therefore there is a risk that we will not be able to progress some of our schemes as quickly as we would like.</p> <p>SB highlighted that there are 2 extreme risks. One is around QIPP this was discussed and to have tighter controls around the QIPP mechanism from the</p>	

	Finance and QIPP committee. The other one is around the financial challenges which were covered in NF finance report.	
	The Governing Body noted the report.	
9.	Committee Minutes	
9.1	<u>Joint quality Committee Minutes 27th July 2016</u>	
	The Governing Body noted the above minutes	
9.2	<u>Business Planning & Development Committee Minutes 18th August 2016</u>	
	The Governing Body noted the above minutes	
9.3	<u>Audit committee Minutes 24th June 2016</u>	
	The Governing Body noted the above minutes	