

Business Planning & Clinical Commissioning Final Minutes

Thursday 18th October 2017 9:30-11:30 am
Board Room, King Edward Hospital, St Leonards Road, Windsor, SL4 3DP

Present	Title
John Lisle (JL)	Accountable Officer, BE CCG
Lalitha Iyer (LI)	Medical Director, BE CCG
Debbie Fraser (DF)	Deputy Director of Finance & Performance, BE CCG
Sarah Bellars (SB)	Director of Nursing & Quality, BE CCG
Jackie McGlynn (JMG)	Clinical Director & GP , Bracknell & Ascot CCG
Jim O'Donnell (JOD)	Clinical Chair & GP, Slough CCG
Karen Maskell (KM)	Lay PPI, Bracknell & Ascot CCG
Nithya Nanda (NN)	Clinical Director & GP, Slough CCG
Fiona Slevin-Brown (FSB)	Director of Strategy & Operations, BE CCG
Helen Single (HS)	AD of Strategy & Operations, BE CCG
William Tong (WT)	Clinical Chair & GP, Bracknell & Ascot CCG
Huw Thomas (HT)	GP, WAM CCG

Apologies	Title
Mike Connolly (MK)	Lay PPI Slough, BE CCG
Adrian Hayter(AD)	Clinical Chair & GP, WAM CCG

In Attendance	Title
Zara Devine (ZD)	PA, Director of Strategy & Operations Director of Nursing & Quality, BE CCG

Item No	Item	Action
1	Welcome and Apologies	
	The Chair JL welcomed members to the meeting and noted the above apologies.	
	Conflicts of Interest No new conflicts were registered.	
3	Minutes of the Last Meeting The minutes of the last meeting held on Thursday 17 th August 2017 were agreed as an accurate record with the following amendments: <ul style="list-style-type: none"> • ITEM 6 ENT -reflect the last paragraph as an action and add to the action log. • ITEM7 Heathlands MoU- it was agreed the following sentence was for the committee to note, not an action "<i>It was suggested to bring back a Business Case to highlight the financial commitments.</i>" • ITEM 8 Paediatric Hotline "<i>Provide a one page design principle to take to the Joint Commissioning Forum for agreement.</i>" Add to the action log. • ITEM 9 Ambulatory Care update – amend the last sentence to an action and add to the action log. 	

	ACTION: To provide an update on decisions made at this committee to member practices and lay members via the CCG bulletin.	COMMS TEAM
4	Action log The Action log was updated accordingly.	
5	<p>Section 117 After Care This Business Case is to invest into a placement review team to support the step down of patients into the community, following a recent review of the current patients which have highlighted quality concerns. This service will improve the quality for individuals and provide them with rehabilitation in addition to creating a saving for the CCG.</p> <p>The current out of area placements have occurred due to a lack of step-down provisions locally, this will need to be explored across the 3 boroughs to reduce the rate of out of area placements.</p> <p>Discussions took place around patient and public involvement, the first phase will involve patients and their families to help develop a recovery model and highlight lessons learnt.</p> <p>ACTION: To amend the PPI section on the cover sheet to reflect the reasons why PPI is not applicable for this case.</p> <p>It was noted this paper strongly demonstrates good PPI practice.</p> <p>Concerns were raised over the IT cost, it was noted this cost is to provide the team with standard IT equipment, which is included in the overall cost of £80k for the year.</p> <p>It was noted Horizon are no longer contracted to carry out work for the CCG.</p> <p>Discussions took place around the individual service users and their capacity to access primary health care; it was and requested to support those who are unable to make informed choices around healthy lifestyle.</p> <p>It was suggested to carry out a deep dive into the work carried out by Horizon Care Ltd and share the learning with the committee.</p> <p>ACTION: Review of the commissioned contract with Horizon and delivery of outcomes. To include lessons learnt.</p> <p>The new team will work with the providers, individuals and BHFT who provide the community care to move patients safely. It was noted the decision to step individuals down is a commissioning decision.</p> <p>The committee were informed the potential to consider respective investments in the community provision, along with redesigning the service to create capacity for these individuals to be stepped-down.</p> <p>ACTION: Appendix B, complete the project plan, delivery plan and milestones including review dates and bring back the trajectory to</p>	<p>EW</p> <p>EW</p> <p>EW</p>

	<p>the committee.</p> <p>The committee approved the case.</p>	
6	<p>Operating Plan 2017-19 Refresh It was noted for 18/19 no guidance was provided in September 2017 from NHSE, this is now expected to come out in December 2017 to inform of the national asks.</p> <p>There was a discussion regarding the amount of public participation there has been with the Operating Plan, it was suggested to specifically highlight all engagement undertaken. ACTION: Document within the Operating Plan the public engagement that has been undertaken.</p> <p>Discussions took place around the commissioning intentions and timelines, concerns were raised over the amount of intentions set out under Planned Care. The committee were informed each Associate Director will discuss the intentions set out with the relevant programme board to establish the priorities to achieve from the commissioning intentions. It was suggested to identify and provide a summary of the intentions that may not be achieved along with hosting a prioritisation programme under the Strategy & Operations directorate to monitor these intentions.</p> <p>ACTION: Within the achievement section of the paper highlight all intentions achieved and not achieved for 17/18.</p> <p>The GB membership would like to see what the CCG need to deliver under the operating plan. ACTION: HS to circulate the Operating Plan to GB members, Local Authorities and GP members.</p>	<p>HS</p> <p>HS</p> <p>HS</p>
7	<p>Thames Valley Priorities Committee – Policy recommendations Concerns were raised around the process for policies to be agreed by the 3 CCGs. It was noted the policies are developed at the Thames Valley Priorities Committee, sent to CCGs for approval and adoption and then all policies are then uploaded on to the CCG websites.</p> <p>Discussions took place around the internal process for approval and which CCG committees the policies should be reviewed at, it was agreed for the policies to continue to go to Quality and Constitutional Standards however there is a lack of financial and operation representation at the Quality Committee and Thames Valley Priorities Committee.</p> <p>ACTION: Ensure the appropriate commissioning representation is at the Quality committee, and the Thames Valley Priorities Committee.</p> <p>Concerns were raised around member practices not being sighted where there are policy changes.</p> <p>ACTION: Following approval at Quality committee a summary document will be to be shared with members meetings to inform GP's of any new policies or changes to policies.</p> <p>Concerns were raised over the clarity within the policy on lower limb dysfunction.</p>	<p>FSB</p> <p>SB</p>

	<p>ACTION: JMG to feed back her comments to Megan John</p> <p>The committee approved all of the following policies presented:</p> <ul style="list-style-type: none"> • TVPC16- Aesthetic Treatments for Adults & Children • TVPC62- Functional Electrical Simulation for Upper & Lower Limb Dysfunction of the Neurological Origin • TVPC63-0 Male Circumcision 	<p>JMG</p>
	<p>AOB</p> <p>Update on the progression of the 111 service The A&E Delivery Board noted the gap analysis between the current 111 service and the new 111 service.</p> <p>ACTION: JL to circulate the gap analysis of 111 to the committee.</p> <p>Urgent and Emergency Care Mathew Staples has been seconded to support this work stream along with GPASA and Out of Hours. The committee were informed the contracts are ending however some contract extension may need to be implemented to ensure a smooth transition.</p> <p>It was requested for an updated to be provided to the committee on the Community Nursing Review programme.</p> <p>ACTION: A verbal update at November’s meeting on the progression of Community Nursing.</p> <p>Meeting Review JOD –felt the shorter agendas are good, with good conversation around the 117 case. JMG- felt the meeting was very productive however concerned over the light agendas and what this means for the coming months. KM- feels papers are slipping and which could be due to the pressures and feels PPI work is being done but not shown clearly within cases. FSB – felt the PLCV conversation was difficult. SB- uncomfortable round PLCV WT- felt the meeting was good and need to clarify how information is fed back to the CCG from committee meetings and create a clear process. HT – felt the discussion around PLVC was uncomfortable but the meeting review is useful to reflect on items discussed. HS- felt the comments around the operating plan were helpful. NN- Need to get the PLCV process right. LI- felt the meeting was good and need to clarify the processes. DF- its good we can then air how we feel after the meeting JL- to ask clinical leads to attend when an item under there remit is on the agenda. Need an outward communication to highlight what has been decided.</p>	<p>JL</p> <p>FSB/HT</p>

**Next meeting:
Thursday 16th November 2017
Board Room , King Edward VII Hospital, St Leonards Road, Windsor, SL4 3DP**

FINAL