



Briefing from Governing Body meeting 3 March 2015

This briefing is intended to give a summary of the key areas of discussion and decisions at the meeting of the Governing Body of Slough Clinical Commissioning Group and is intended for circulation. The minutes will provide the official record of the meeting.

Chair's Report: Highlights for this month include:

- The CCG was awarded Governing Body of the Year for Thames Valley and are now going forward for the national Leadership Award.
- Significant work on dementia is planned over the coming months to raise awareness locally.
- Investments have been made in local cancer services including GP facilitation and screening.

Chief Officer Report: Highlights for this month include:

- A visit from Earl Howe raised the profile of the work the CCG has done to increase access to GP appointments across Slough.
- Recognising the complexity of urgent care services locally, an Urgent and Emergency Care Strategy is being developed.
- Current contracts for NHS 111 and GP Out of Hours services expire in March 2016 and plans are being developed to re-commission these services this year. It is widely agreed that more clinical input will be needed in the NHS 111 service.
- Currently exploring different models for locating primary care with the A&E department and how this would work.
- The CCG has submitted high level plans for next year as part of the annual planning cycle. A 7.5% uplift in funding for Slough is expected next year which is welcome but leaves the CCG 5% lower than its target allocation.
- The national tariff consultation was rejected. The consultation has now been extended and all providers were given the option to roll forward 14/15 tariff with restrictions or an enhanced tariff option (ETO). All local providers have opted for ETO and this will present a cost pressure. Options are being considered for managing this.
- The CCG has been reviewing how it works together with Bracknell and Ascot and Windsor, Ascot and Maidenhead CCGs. They have reaffirmed their commitment to work together and will put in place Organisation Development plans to support this.
- Collaborative Care for Older Citizens (CCOC) is a new programme of work that will focus on developing a new model of care for older people.

Quality and non-financial performance: From the Quality Reports key issues to highlight include:

- Some improvements have been seen in the breast cancer pathway and the cancer 62 day wait.
- The number of cancelled operations continues to cause concern. Lack of capacity is the cause of the pressure and arrangements are now in place to use local private providers as necessary.
- Improvements have been seen in the C-section rate but this is still above the acceptable level.
- Constitutional standards around diagnostic waits has been focus of discussions with the trust.
- The Adult Safeguarding Partnership Board have published their annual report that includes plans in anticipating the new Care Act requirements.

Asthma: Two local children died following asthma attacks during 2014 leading to an independent review. Key learning points have been identified and recommendations were made leading to STEPS session for GPs. An asthma working group was established to address recommendations including

introducing asthma management plans and appointing two asthma nurses. It is expected that following implementation there will be fewer attendances at A&E and admission to hospital.

Finance: The year to date position (month 9) for the CCG is a surplus of £636k and the forecast for the year has been increased to £1.3m owing to a reduction in the risk pool for continuing healthcare (CHC) and slippage on costs of integration. Continued areas of financial risk include:

- QIPP plans failing to deliver savings.
- The costs of CHC retrospective claims exceeding the budget.
- The cost of empty/unused space in local NHS property.

Assurance Framework and Risk Management: A summary of the key risks that affect delivery of the CCG objectives are presented in the Assurance Framework. There are 19 risks rated extreme or high. Three new risks were added relating to safeguarding concerns at a Hampshire care home, a review of serious incidents at Frimley Health and potential impact of a reduction being applied to CCG running costs. Four risks have been closed as they have been incorporated elsewhere or the risk no longer applies. A Risk Management Framework is in place across the three CCGs in east Berkshire and this has been updated to take account of current processes and committee structures.

Co-commissioning of primary care: Slough CCG applied for fully delegated responsibility for primary care commissioning but owing to uncertainty in the CCG's management structure, shared responsibility with NHS England has been agreed. A joint committee will be established with membership from the CCG and NHS England. National guidance has been published about terms of reference for the joint committee and changes to CCG constitutions. Meetings of the committee will take place in public to demonstrate openness and accountability and potential conflicts of interest will be managed carefully.

Operating Plan: The five year plan is updated each year and an operating plan is then submitted to NHS England. The executive summary provides an overview of the areas that will be the focus for the coming year and the projects that will deliver the improvements needed. Projects will include cardiovascular disease, mental health and learning disability, diabetes, cancer, referral management, self-care and prevention, urgent and emergency care, primary care, maternity, care for older people, redesigning a number of care pathways and implementing the Better Care Fund.

Interoperability (Share Your Care): This will allow a patient's records to be accessed by whoever is providing care for that patient, regardless of location. This will allow other improvements in patient care to be delivered. It requires the permission of patients and will enhance patient safety, quality of care, patient experience and efficiency. The programme of work has started and is being managed in collaboration with neighbouring CCGs and provider organisations. The work is taking place in three phases and it is approaching phase two. The technical aspects of this programme are significant and require investment. All organisations will see efficiencies and the cost will be shared. There is a significant communications challenge and information is being distributed to all households over the coming weeks.

Communications and Engagement: Highlights for this month include:

- Patient feedback following full implementation of extending access to primary care has demonstrated an improvement in patient experience.
- A new media management system has been introduced for the CCG which will ensure this area of business is monitored carefully.
- Analysis of the use of the CCG website show a growing number of people using the site and which sections are most popular.

All papers discussed at the meeting are available on the CCG website. Click [here](#) to read.