

PART TWO

SLOUGH CLINICAL COMMISSIONING GROUP

Minutes of the Slough Clinical Commissioning Group Governing Body Meeting in Public held Tuesday 2nd June 2015 12.30pm – 16.00pm at The Slough Centre Conference Venue, Farnham Road, Slough SL1 4UT.

Present:

Dr Jim O'Donnell	Chair
Dr Asif Ali	GP Board Member
Nigel Foster	Chief Finance Officer
Dr Siva Sithirapathy	GP Board Member
Sarah Bellars	Director of Nursing
Mike Connolly	Lay Member for PRG
Carroll Crowe	Director of Strategy & Commissioning
Matthew Tait	Interim Accountable Officer
Ajaz Nabi	GP Board member
Jacky Walters	Interim Head of Operations

In attendance

Elika Saedi (ES)	Senior Communications Manager
Mike Wooldridge (MW)	BCF Manager
Ian McIlwain (IM)	Slough Borough Council

1.	Introduction	
1.1	Apologies were noted: Sangeeta Saran, Alan Sinclair, Nasreen Bhatti	
1.2	Conflicts of Interest to declare in relation to the agenda	
	Members were reminded to declare conflicts of interest in relation to today's agenda. There were no conflicts of interest declared.	
1.3	The Minutes of the meeting held on 3 rd March were read and approved with the following amendments: Page 3 – 4.10 change to - AA commented the CCGs across Berkshire East have to come up with an Urgent Care Strategy. The CCGs support procuring a GP into A&E. Page 5 – Item 6 – change Peter Sabia to Peter Sebire Page 6 – 4 th Paragraph – change 50% to 30% Page 6 – Item 8 – GB 18 – add the Commissioning support Unit Page 7 – Item 11 – 3 rd Paragraph –Change population to proposal Page 7 – Item 11 – 4 th Paragraph – Change interact to impact	
1.4	Matter Arising	
	All actions have been closed	

2.	Pre notified questions from the public	
	No questions have been received.	
3.	Chief Officers Report	
	<p>Matthew Tait gave an overview of the highlights from the Chief Officers Report.</p> <p><u>Organisational Development</u> A discussion was held around Organisational Development and working together with the other CCGs and how the federated model should be developed. It was agreed to support the present model and recruitment for an Accountable Officer has commenced.</p> <p>A cross CCG working group has been set up and 2 Joint Governing Body workshops have taken place. Discussions were around the logic on how the federation makes decisions. A Joint Governing Body is being held on 8th July to see how to take this forward.</p> <p><u>Leader Provider Framework for Commissioning Support services</u> The Lead Provider Framework has been put in place to buy in additional management support services such as finance support, IT support and business intelligence. The areas that need debate are contract support, provider performance management and planning and transformation work.</p> <p><u>Quarter 3 Assurance Process</u> The Qtr. 3 Assurance process has been received from NHS England. Sloughs overall rating was assured with support. Slough hasn't delivered the constitutional standards in Qtr.3 or Qtr. 4, making progress to improve this until we do this consistently Slough will not be fully assured. NHS England has taken the view that we cannot be fully assured until we have a substantive Accountable Officer in place.</p> <p><u>CCG Assurance Framework 2015/16</u> NHS England have issued their approach to the new Assurance Framework 2015/16 this consists of the following components:</p> <ul style="list-style-type: none"> • Well-led organisation • Performance: delivery of commitments and improved outcomes • Financial management • Planning: short term and long term • Delegated functions <p>CCGs will be assured as Outstanding/Good/Limited/Not assured with a further category of Special Messages designed to address persistent and chronic difficulties.</p> <p><u>Non-Emergency Patient Transport Service (NEPTS)</u> A Procurement process has started in terms of re commissioning this service. This new service should come into place on 1st April 2016.</p> <p><u>Collaborative Care for Older Citizens (CCOC)</u> This is a cross CCG project which is looking at transformational work around how services should look for this population group. Design workshops have been held to design the principle to establish some principles of the programme moving forward. When we have more public engagement and more design work will move from a high level design which will be a description of the Optum service we want to deliver into how we implement this model and what we need to change to</p>	

	<p>make this happen.</p> <p><u>Primary Care Development</u> Jacky Walters gave an update.</p> <ul style="list-style-type: none"> • A second practice open day took place in May which was led by the PRG and other patient groups. 870 responses to a questionnaire which asked about the patient use of the service were received and these are currently being analysed. Since the PMCF has started there has been direct contact with about 2,000 patients. • The iPlato texting service which will enable patients to receive and cancel appointments is up and running in every practice across Slough. • Some practices have started group consultations which is a new way of practices bringing patients together to meet with the GP. • A new patient Navigator service has been launched which is designed to help people access local information and activities to help them keep well. • A one year celebration event was held in March at the Centre. Over 40 partners and members attended and this enabled us to look at the achievements over the last year. • Working together with the other 2 CCGs on the practicalities for the co-commissioning. The first formal public meeting will be held in July 2015. • Work is being carried out around dementia aiming to identify people at an earlier stage to ensure that we can offer the service and support their needs. <p>The Governing Body noted the report.</p>	
4.	Chairs Report	
	<p>Dr Jim O'Donnell gave a verbal update.</p> <p>The CCOC programme is focusing on how do we get it right for our older patients and how do we produce an integrated service that can bring services into the patients home and make the whole care system seamless. This is an important piece of work.</p> <p>Every practice will have access to group consultations involving secondary care consultants and community services involving 8 to 12 patients regularly. This will allow patients to help themselves and be helped.</p> <p>On the 31st March a group met to discuss care at the end of life. 1% of the general population are in their last year of life. Working with the other 2 CCGs on this important piece of work.</p> <p>The message that needs to go out is the use of NHS services. Patients to think before they decide to go to A&E at Wexham 70% of patients who attend A&E don't approach their GP first. Need the patient forum to reinforce and support this and for the community to support the NHS services responsibly to make Primary Care more sustainable.</p> <p>The Governing Body noted the report.</p>	
5.	Quality	
5.1/5.2	<p>Sarah Bellars introduced the new style reports and hoped these were easier to read.</p> <ul style="list-style-type: none"> • Improvements have been achieved this is due to the influence of Frimley Health taking over Wexham Park. 	

	<ul style="list-style-type: none"> • Seen a significant and sustained improvement against all of the Cancer standards. • Working with the trust on cancelled operations making sure that beds are available. • Stroke continues to fail to improve and the CCG is working externally with the clinical network to look at how this service should be provided in a way so that performance is improved for patients. • C section rate has started to come down to a level below 30% and the Trust have looked at a campaign to go back to basics and devised a new plan. • Wexham did not achieve the 18 weeks admitted due to back log work undertaken. They are indicating the improvements will be there in April. • There has been improvement in Diagnostic breaches. Starting to see the impact of this with their achievements. • The 4 hour waits have improved in A&E. The Trust just missed reaching the 95% for the quarter but there is a significant improvement on what we have been seeing. • They have been advised that their next CQC inspection will be coming up in the Autumn and looking forward to seeing the public confirmation of their improved performance . 	
5.3	<p><u>Quality Report</u></p> <p>This report focuses on the other Providers and gives an aspect on community and mental health services and also focuses on other smaller providers so we can see that they are being equally monitored.</p> <p>The Governing Body noted the report.</p>	
5.4	<p><u>Joint Quality Committee Minutes</u></p> <p>The Governing Body noted the report</p>	
5.5	<p><u>Joint Quality Committee Terms of Reference</u></p> <p>The Governing Body noted and approved the Terms of Reference.</p>	
5.6	<p><u>PALS & Complaints Team Report 2014/15</u></p> <p>The Governing Body noted the report</p>	
5.7	<p><u>PALS & Complaints Annual Report 2014/15</u></p> <p>For clarity the CCGs can hear complaints about providers usually people complain in the first instance to the provider themselves and the Area Team deal with GP complaints.</p> <p>Dr Asif Ali asked if Phlebotomy on page 11 could be reworded to read Level 4 INR Testing. SB to action..</p> <p>The Governing Body noted the Report.</p>	SB
6.	Finance Report Month 12	
	<p>Nigel Foster presented the Month 12 Report which the Governing Body was asked to note.</p> <p>Formal audit certificates have been received to confirm that the accounts were</p>	

	<p>satisfactory and the numbers were duly submitted and the final accounts were submitted last Friday which confirms the position shown in this Month 12 report. Started the year with a target to have a 1% surplus (£1.6m) which is the normal expectation for a CCG. Slough ended the year above the 1% (£2.1m) surplus. The main reason for this was an under spend on the Mental Health resilience programme. The slippage on the resilience programme will be required in 2015/16.</p> <p>The CCG were notified that the charge for the Frimley Health integration costs for the 2014/15 were much lower than anticipated so this has been incorporated into the overall position of the CCG.</p> <p>The major area of financial over performance has been on the acute contract with Frimley Health particularly non-elective activity at the Wexham site. The over spend has been predominantly set by use of contingencies during the year.</p> <p>The accounts were closed using a forecast of our acute providers based on month 11. The final sets of reports have been received from the Trusts and any difference between the estimate to close the accounts and the actual number will get picked up as part of the normal reporting process for the new financial year.</p> <p>The Governing Body noted the report</p>	
7.	Strategy	
7.1	Operating Plan 2015/16	
	<p>Carrol Crowe talked through the report.</p> <p>Annual Operating Plans have to be submitted to NHS England for our Assurance. We have now submitted the final draft subject to Governing Body approval. We have got a caveat that we can make amendments that the Governing Body request. Asking for the approval of the Operating Plan from the Governing Body then to finalise this with NHS England. The 5 year plan has been previously agreed with the Governing Body.</p> <p>Dr Asif Ali pointed out that the QIPP programmes that are listed may need to be refreshed as they were discussed at the last QIPP & Performance meeting, specifically the Multimorbidity clinic.</p> <p>Matthew Tait told the Governing Body that it is important they understand how ambitious the QIPP is in terms of high risks against some of the programmes and not to underestimate how challenging the QIPP is.</p> <p>Dr Asif Ali commented on Mental Health IAPT. Requested that when we look at the increase IAPT funding we take into account specific needs of the Slough population. Carrol Crowe explained that this was a parity of esteem investment and there were specific business cases when we get to the second part of the year the locality specific service specifications will be refined.</p> <p>The Governing Body approved the Operating Plan 2015/16</p>	
	The Governing Body adjourned for a 10 minute refreshment break.	
7.2	Better Care Fund Update/Proposal Joint Voluntary Sector Strategy	
	<p>Mike Wooldridge introduced Ian McIlwain from Slough Borough Council to the Governing Body.</p>	

BCF

Mike Wooldridge gave a presentation on the Better Care Fund (BCF).

NHS England have approved and assured how the £8.672m can be spent in 2015/16. This is a pooled agreement between the Local Authority and the CCG.

There are 4 main work streams:

- Proactive Care
- Single point of access
- Integrated care
- Community capacity.

Key Performance Indicators

- Non elective admissions – Our quarter 4 performance was 5% over the equivalent quarter in 2013/14. Our target is 3.5% reduction. This is where we need to focus our efforts.
- Permanent admissions of older people to residential and nursing care homes – this is slightly down from last year.
- Older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation – this remains at 100% despite more people going into the service.
- Delayed transfers of care from hospital - Slough has performed well on this.

Next steps:

- SBC, Public Health and CCG together with investment of £3.6m over 3 years.
- CCG contribution via BCF Pooled Budget - £200k in 2015/16
- Commissioned through an open tender process
- GB representatives to be involved in evaluation.

Voluntary Sector Strategy

Mike Wooldridge gave a presentation on the Voluntary Sector Strategy.

The strategy will set out how Slough Borough Council , Public Health and the CCG to work together to fund voluntary and community organisations to deliver health, social care and wellbeing outcomes for the people of Slough. To consolidate our current community voluntary sector arrangements having an integrated approach of commissioning services.

The work with the voluntary sector forms part of our local plans and strategies and what we want to achieve as part of our outcomes framework. The community needs to feel supported with the emphasis on the network and the social care system supporting the community in a better way.

The next steps will be to commission support from the voluntary community sector with our pooled investment of about £3.6m over 3 years. Will be commissioning services through an open tender process and will be inviting Governing Body representatives to be involved in the evaluation.

Matthew Tait asked what was the response from the Voluntary sector at the workshop held with them and how are you building in the national move back to

	<p>grant funding to give a bit more flexibility rather than enforcing standardised contracts on the voluntary sector?</p> <p>Ian McIlwain replied that there have been several workshops with the voluntary sector and are taking them slowly through the process and there are some positive views from some organisations and concerns and fears from other organisations. To procure the services planning to do an improved partnership approach for the larger organisations to bring their expertise to the smaller organisations.</p> <p>Dr Jim O'Donnell asked if patients have been involved in the design of these programs as it might be an option for the Patient forum in Slough and Healthwatch to get involved not just as a scrutineer of the system but as a partner in co-design. MW replied as we go through these particular projects we need to have better engagement with patients when we go into the design implementations.</p> <p>The Governing Body noted the reports</p>	
8.	Communication & Engagement Strategy	
	<p>Elika Saedi and Mike Connolly presented the Communication & Engagement Strategy highlights.</p> <ul style="list-style-type: none"> • CCOC - A planned launch event will take place for CCOC on the 30th June. • NHS 11 & OOH - Working on a Patient Engagement Plan around NHS 111 re-procurement for the Thames Valley, and using Health Connect for GP Out of Hours so that patients can be involved at key stages with design and delivery. • Resilience Planning & Communications - Sending out another mailshot across East Berkshire which will address key issues around data sharing and interoperability. Continuing to work with Slough Borough Council on signposting. • Community Partnership forum – A monthly meeting is held involving all partners and stakeholders across East Berkshire. A meeting is being held in June around wasted medicines. JOD mentioned that the CPF should go on the agenda at the Slough Health & Wellbeing Board and to be mentioned at the Slough HOSC the Locality meeting and the Patient forum to let people know that this forum occurs. • Wasted Medicines – A public local campaign is being launched across the 3 CCGs. This will involve local media coverage and posters and flyers available at the surgeries. • Patient Online – Introduced into every Slough practice a 60% take up so far has been recorded. Promotional materials, to support raising awareness in patients in practices have been developed and distributed across the CCG. • Patient Reference Group (PRG) – PRG awareness week has been launched a press release has been issued for each CCG organised and interviews with Radio Oxford today which will be broadcast over the weekend. • The annual report has been submitted will be online on 5th June. A summary document will be published for the Slough CCG AGM being held 22nd September at the Centre. <p>The Governing Body noted the Communications & Engagement Report</p>	
9.	AOB	
	<p>There was no Any Other Business and the public were invited to submit questions.</p>	
	Open forum with Questions from the Public	

	<p><i>Colin Pill from Healthwatch said that it would very helpful if the Board members could speak up when giving there updates. Also to have papers available at the reception for the public.</i></p> <p>The Governing Body agreed.</p>	
	<p><i>Mary Abraham said she was concerned about a statement that Carrol Crowe had made about detecting issues earlier in the ethnic minority as they are not coming forward earlier why is this not happening. How can the CCG encourage them to come forward earlier?</i></p> <p>Carrol Crowe replied that from the Public health data have recognised that there is an issue around early detection of illnesses especially bowel cancer in Slough and we think it is about creating the right approach. We have to create the right approach with an open door policy which is more focused on the particular locality. Part of our strategy in our Operating Plan is about how we reach some of those higher harder to reach patient populations.</p> <p>Dr Asif Ali mentioned that at Langley they are looking specifically at bowel screening as this is a wider issue in Slough. Public Health have identified a member of their team to go out to practices to see how can they do things differently. Bowel screening information has been set up in Langley. Public Health are looking at BME population and how we can improve uptake in BME and should see differences in the next 3 to 6 months.</p>	n
	<p><i>Questions from Mr Jagger</i></p>	
1.	<p><i>Is there a plan for people over 75 and people who have chronic health problems to have a named GP as every time he sees a different GP?</i></p> <p>Dr Jim O'Donnell said that this should now be in place for every patient over 75 to have a named GP. This will mean that the co-ordination of your care such as letters, reports, investigations etc. are dealt with by that individual GP. What is does not say is that the GP is working 5 days per week or working part time. The way it should work in that situation is that the named GP deals with most of the things if there is anything urgent and the named GP is not there they have a buddy who takes the work over from your GP.</p> <p>Dr Asif Ali to speak to Mr Jagger after the meeting</p>	
2.	<p><i>When a patient is admitted to hospital and the family of this patient has concerns that she is not being looked after properly in the hospital who do they go to? Has issues with Wexham Parks complaints system as has written a letter to them and has no reply. Mr Jagger also asked how does PALs work</i></p> <p>Sarah Bellars apologised to Mr Jagger for his poor experience at Wexham and said that there have been issues at Wexham and we have been working really hard to help the trust to improve.</p> <p>PALs is different in each organisation one PALs does not necessarily relate to another PALs. They should listen to you and try and help you resolve your issue as early as possible.</p> <p>Sarah Bellars to meet with Mr Jagger at the end of the meeting to compose a letter to be sent to the Director of Nursing at Wexham to ask her to look into this so that his complaint can be resolved in a better way.</p>	
	<p>The meeting closed at 4.30pm</p>	