

SLOUGH CLINICAL COMMISSIONING GROUP

Minutes of the Slough Clinical Commissioning Group Governing Body Meeting in Public held Tuesday 3rd March 2015 12.00pm – 16.00pm at The Slough Centre Conference Venue, Farnham Road, Slough SL1 4UT.

Present:

Dr Asif Ali	GP Board Member
Nigel Foster	Chief Finance Officer
Dr Siva Sithirapathy	GP Board Member
Sara Richards	Local Nurse
Sarah Bellars	Director of Nursing
Mike Connolly	Lay Member for PRG
Nasreen Bhatti	Lay Member for Governance
Carroll Crowe	Director of Strategy & Commissioning
Alan Sinclair	Acting Director Adult Services SBC
Matthew Tait	Interim Accountable Officer

In attendance

Ally Green	Associate Director Communications
Dr Sabina Shaik	GP

1.	Introduction	
1.1	In Dr O'Donnell's absence Dr Asif Ali opened and chaired the beginning of the meeting. Introductions were made. Apologies were noted: Jane Wood, Dr Jim O'Donnell, Sangeeta Saran.	
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 4 th November were read and approved with the following changes: 8. Finance - 1 st paragraph should read: (0.33% of budget in line with national expectations).	
1.4	Matters Arising	
15.7	Carroll Crowe told the Group that SCCG have engaged with Age UK and there is a Federated project and engagement strategy. A guidance has come out from NHSE awarding grants and contractual grants to the voluntary sector. Taking forward a new framework. Carroll Crowe will respond to Age UK.	CC
6.	Matthew Tait said the Collaborative Healthcare paper for older citizens is being finalised and will come back to the next Governing Body in Public meeting for sign	

	off. This is the key programme under the Transformation Board.	
2.	Pre Notified questions from the Public	
	<p>A pre notified question from Nicola Strudley, Locality Manager, Healthwatch Slough was received.</p> <p><i>“You have reported that Prime Ministers Challenge Fund appointments were rated very favourably compared with those in core hours. Can you explain how patient presentation at the walk in centre appears to have increased over the past number of months despite more GP appointments being made available out of working hours?”</i></p>	
	<p>Dr Asif Ali replied that there is always a seasonal rise in attendances at the Walk In Centre in the Winter months October, November and December. PMCF appointments have largely been about advanced booking and chronic disease management. There has been an increase in the Walk In Centre numbers with their own registered population which is making up 15% of the additional walk in element. For PMCF appointments for Slough Walk In Centre patients, due to the distance to Crosby House those patients are preferring to be seen at the Walk In Centre.</p> <p>There is an evening meeting being held on the 18th March and following that on the 25th March with the Slough Clinicians to see whether we need to redesign or enhance the model with PMCF going into year 2 to see if there are any areas of learning and the Walk In Centre attendances will be looked at.</p> <p>We do feel that PMCF has had some impact in the system, we have seen GP Out of Hours attendances reduced on year 2014 compared to 2013 by 20% the other CCGs have reduced by 9%. There is an additional 11% reduction in Slough which we feel has been down to PMCF appointments.</p> <p>In addition the acuity of the types of patient being seen at the Walk In Centre are not necessarily the ones we are targeting in PMCF. There has been a slow uptake in practice nurse use in the clusters that may also be contributing.</p>	
	Nasreen Bhatti took over the Chair from Dr Asif Ali at this point in the meeting	
3 & 4	Chief Officer Report/Chairs Report	
	Matthew Tait gave an overview of the highlights from the Chief Officers Report. And Chairs Report.	
4.1	Slough CCG was awarded Governing Body of the Year by the Thames Valley & Wessex Leadership Academy. Kumar Medical being awarded ‘General practice of the Year’ for their work in diabetes prevention.	
4.2	Emerging Plans. Priorities around Dementia, working with MacMillan on a Cancer screening improvement project. Work around End of Life Care and Diabetes.	
4.3	PMCF – Earl Howe visited Farnham Road Surgery to understand the model in more detail. Feedback from Lord Howe was very positive.	
4.4	Urgent & Emergency Care –A difficult Winter in terms of delivery of the 95% access targets. This is not just a local issue but a National issue around pressures on the urgent services across the NHS. Over the last couple of weeks there has been an improvement in performance. Recently Slough have been in the top 10 providers nationally for A&E performance. What we need to do is to maintain the sustainability to ensure it becomes a consistent achievement of that target and a consistent offering to the local population. Slough are undertaking work re-designing the Urgent Care & Emergency Care System as part of the Acquisition there will be a detail business case about improving the operation, the	

	site, location and the facilities for A&E.	
	Slough are involved in the process of re designing the specification for both NHS 111 and GP Out of Hours and working out how we re-tender for those services going forward. It is clear that the National position has made it very clear that more clinical input should go into the NHS 111 model.	
	Need to work out how Primary Care interfaces in the A&E department and to make sure we have the right pathway for patients. A pilot has started with a GP actively working in A&E department which Slough are actively involved in. We are also exploring what that model should look like on a permanent basis in terms of the relationship with Primary Care at the front door of the A&E department works.	
4.5	Planning Cycle – Our summaries, trajectories and high level plans for next year have been submitted. Slough CCG is going to receive £171m of funding for next year an uplift of 7.5%. Slough should continue to receive a good growth rate over the next 3 years.	
4.6	The National Tariff – The National Tariff went out to consultation in November and was not supported by some providers. Therefore the consultation process has to be extended and in the meantime we are going to offer our providers an enhanced tariff option. This is somewhere between the price we are paying now and the prices that are being consulted on. This is a significant issue on how we deliver our plans and contracts.	
4.7	Collaboration working across the 3 CCG's – All 3 CCGs are taking part in a process to review a collaborative working model. Workshops have been held across all of the CCGs and a joint meeting with representation from the CCGs Governing Bodies was held which re affirmed the commitment to work together and will help us drive an organisation development plan on how the CCGs get the best value from working together.	
4.8	Joint Transformation Board and Collaborative Care of Older Citizens (CCOC) – This is a cross system piece of work that has engagement from all providers and Local Authorities on how we redesign some of the services. This has a strong link with the 5 year future view from NHS England at National level.	
4.9	The BCF (Better Care Fund) was approved with conditions. We have successfully removed those conditions and we are progressing well with the BCF and this has been signed off. Working with the Council on the implementation.	
4.10	AA commented on the urgent Care. CCGs across Berkshire East have to come up with an Urgent Care Strategy. The CCGs support procuring a GP into A&E.	
	The Governing Body noted the Report	
5.	Quality	
	Sarah Bellars gave an update on the Quality Report and the Quality Highlight report.	
5.1	Quality & Performance Scorecard - Since the acquisition we have been working with the trust to find the problems and putting measures to improve them.	
5.2	Quality Highlight Report: <u>Cancer 62 days Waits</u> <ul style="list-style-type: none"> • Have seen some improvements in the Breast pathway and the Trust are continuing to put further changes in place to address the Urology delays. • The Trust have confirmed that all cancer referrals are seen in 62 days from now that are on the pathway. Experiencing some delays in the cases which were in the pipeline before. • A new Lead Cancer Nurse has been appointed to drive and own the performance across Cancer. <u>Stroke</u> December showed a decrease in admissions in 4 hours and this was reported at	

	<p>the Quality Committee this was due to a combination of late diagnosis and trust wide capacity issues which they are trying to address through more education.</p> <p><u>Cancelled Operations on the Wexham site</u> The rate increased in December due to capacity issues. They have plans for the new recovery and are providing new trolley spaces. They have removed the escalation area in day surgery.</p> <p><u>Maternity</u> C section rate reduced to 27.8% in month 8 an improvement on 29.5% in October. Reviewing the overarching maternity action plan at the Steering Group and have implemented an improvement trajectory for the 2015/16 quality schedule but have agreed with them that 23% remains our ambition and it is achievable however we want to see a sustained downward trend. Agreed within the quality schedule a move from 28% to 26% over this year of a continued sustained performance.</p> <p>The Governing Body noted the report</p>	
5.3	<p><u>Performance Highlight</u></p> <p><u>Diagnostic Waits</u> Concerned about constitutional diagnostic rates. Meeting with the Trust to discuss how they are going to deliver. There are longer term plans about replacing equipment and creating more capacity these will not come into place until 2015/16. Need to find out what short term plans they have to make sure patients get the diagnostics that they need.</p> <p>The Governing Body noted the report</p>	
5.4	<p><u>Quality Report highlight</u></p> <p><u>BHFT</u></p> <ul style="list-style-type: none"> • A Contract Query Notice was issued in Q1 to BHFT as they were breaching the standards on outpatient letters to GPs they were taking between 3 days to 3 weeks to send letters out. The CQN will close at the end of March and they will be achieving the 90% standard by the end of March. • Medicines Management - Had a significant problem with admitted doses some of the areas for concern were the Psychiatric Intensive Care Unit (PICU). Have been working with them to address this and have seen an improvement. • Observational Quality Visits have been made to BHFT and these have been very positive. <p><u>South Central Ambulance Service (SCAS)</u></p> <ul style="list-style-type: none"> • Had a CQC inspection in September no rating was given as they were part of the pilot site. They will be inspected again once the regime gets into place to give them a rating. The have an action plan to become compliant. <p>The Governing Body noted the report</p>	
5.5	<p><u>Slough Safeguarding Adults Partnership Board Annual Report 2013/14</u></p> <ul style="list-style-type: none"> • The Board has worked very hard to deliver the 3 year strategy for Adult Safeguarding. • The other key area is making safeguarding personal and working together to develop this. 	

	<ul style="list-style-type: none"> • There were a number of reports and consultation documents issued following work initiated by the Francis Report into the care of Mid Staffs. • Have been working on the anticipated changes the Care Act will be bringing in on 1st April 2015. The key thing to note is the Safeguarding Adults Board will be on a statutory footing equal to Children's there are 3 statutory partners who will sit on that Board - Local Authority, Health and the Police. Financial requests have come into the CCG and a paper will go to the OLT to ask for a financial contribution to the Independent Adults Board as we do to the Children's Board. <p>The Governing Body noted the Annual Report</p>	
5.6	<p><u>Quality Strategy</u></p> <p>The Governing Body noted the report</p>	
5.7	<p><u>Joint quality Committee Minutes</u></p> <p>The Governing Body noted the minutes</p>	
6.	<p>Asthma - Improvement Plan</p> <p>Dr Sabina Shaik updated the Governing Body with a presentation on the Asthma Improvement Plan.</p> <p><u>Key Points</u></p> <ul style="list-style-type: none"> • Important that practices should consider coding children who are receiving inhalers. • First asthma reviews performed early in the illness. • Regular reviews performed • Practices to consider the length of review consultation • An asthma 'refresher' session to be taken to STEPs • Upskill practice nurse skill mix. • Visited 5 practices that have high asthma admissions and also were high in prescribing to see where the gaps are and how we can fill these gaps. • Developed a children's asthma template. • To employ 2 Band 7 asthma nurses in the Community working under the Consultant Paediatrician Peter Sebire at Wexham Park Hospital. • To support the schools and families. <p>Dr Asif Ali mentioned that we need to get leadership on asthma in every practice and upskill practice nurses. School nurses need education on asthma and to involve them in the upskill. Sarah Bellars suggested contacting public health as they commission school nurses to see if they want the school nurses involved in this. Will need to understand what is in the service specification and what they are expected to deliver.</p> <p>Nasreen Bhatti asked how would we monitor the changes. Sabina Shaik replied that they will be visiting the practices in 6 months to see if the audit reveals any useful data and how they have improved and a reduction in the admissions would be a major factor.</p> <p>The Governing Body noted the presentation.</p>	
7.	<p>Finance Report Month 9/ Executive Summary</p> <p>Nigel Foster presented the Month 9 Report which the Governing Body was asked to note.</p>	

	<p>We have a budget for the year of around £160m to spend on patients in our area and as part of the budget we are required to plan for a modest surplus of 1% £1.6m which gets carried forward to the next financial year. As a result of the integration costs at month 6 we reduced our surplus down to £500k. At month 9 have increased the surplus back up to over £1.3m. At month 10 we have made this surplus up to 1% we are now reporting to NHS England being back on plan.</p> <p><u>Key Areas of Risk</u></p> <ul style="list-style-type: none"> • Continuing Health Care costs and discussions with NHS England about the national risk pool. • Level of savings we were hoping to make around Service Redesign and contractual areas which are much lower than we originally anticipated. The challenge for 2015/16 is the delivery around this. • Costs from NHS Property Services this relates to the cost of NHS estate within the Slough area in particular costs around Upton Hospital. Most of this cost has been built into the month 9 forecast. <p>Overall the forecast between month 8, month 9 and month10 is in the region of £100k variance and this has remained stable for these 3 months.</p> <p>Dr Asif Ali asked a question relating to MRET. With the risk of MRET changing from 30% to 70% does this mean our QIPP gap would increase. Nigel Foster confirmed that if the MRET goes up this will widen the QIPP gap.</p> <p>Nasreen Bhatti asked how are we going to demonstrate how we have built the priorities into the new QIPP plan. Nigel Foster replied that we will have the full benefit of the Better Care Fund (BCF) for 2015/16 for the schemes predominantly focused around reduction of non-elective activity which are being supported through the BCF. There is a contingency in the BCF in case those schemes do not deliver savings.</p> <p>Nasreen Bhatti asked who will be leading on QIPP. Matthew Tait said we have the QIPP programmes for next year and we need to be very clear who the responsible officer is and what the arrangements are to deliver this. Dr Asif Ali pointed out that Slough take QIPP to the Performance meeting and not the OLT. Slough needs to improve on accountability and project management.</p> <p>The Governing Body noted the report</p>	
8.	Assurance Framework	
	<p>Nigel Foster presented the paper on behalf of Christina Gradowski. Asking the Governing Body for approval to close 4 of the risks:</p> <ul style="list-style-type: none"> • GB 08 - HWP not being compliant with CQC standards. The CQC action plan is now incorporated in the acquisition plan. Sarah Bellars said that all the actions have been picked up through other risks such as Urology. • GB 10 - Safeguarding concerns relating to care home in Ascot. The nursing home is now closed. • GB 17 – Pressures arising from transition to the new IFSE Finance system. The transition period has ended. • GB 18 – The Commissioning Support Unit will not be in a position to adequately support the CCG in the delivery of its functions. A new risk is to be created to reflect the risks relating to the CSU merger and continuity of services during the merger. 	

	The Governing Body agreed to close the 4 risks.	
9.	Risk Management Framework	
	<p>Nigel Foster presented the updated paper for approval from the Governing Body.</p> <p>A Risk Management Framework is in place across the three CCGs in East Berkshire and this has been updated to take account of current process and committee structures.</p> <p>The Governing Body approved the update and noted the paper.</p>	
10.	Co - Commissioning of Primary Care	
	<p>Matthew Tait presented an update.</p> <p>The context is to ensure that local CCGs are involved in the commissioning of Primary Care. This will bring primary care closer to the CCGs and focus on clinical change, clinical improvement and making sure this is embedded in primary care. A joint commissioning committee will be established with membership from NHS England (2 members) and the CCGs (2 members). The committee meetings will be held in public to be open and transparent in terms of the plans around primary care.</p> <p>Dr Asif Ali asked about the contribution of funds. Matthew Tait replied that NHS England will be pooling all of the budget this will include all of the GP primary care budget and all of these will come in to the debate.</p> <p>Nigel Foster to send the indicative number of the value of the primary care budget to the members.</p> <p>The Governing Body approved the submission and amendments to the papers.</p>	NF
11.	Operating Plan 2015/16 - Executive summary	
	<p>Carrol Crowe presented the Executive Summary</p> <p>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</p> <p>The Executive Summary is the first draft for Sloughs plan for 2015/16. We must achieve all our constitutional standards and what we are expected to do as responsible commissioners for services for patients. There is a proactive strategy looking at what we want to do for the local population.</p> <p>The major work streams are:</p> <p><u>Cardio vascular disease</u> Manage patients in a more effective way because we have high incidents, relatively poor outcomes and a high spend. We need a tailored proposal that reflects how patients in the Slough locality access services.</p> <p><u>Mental Health Services & Learning Disabilities</u> Relative to other Thames Valley CCGs Slough CCG have not been proactive in accessing mental health care and this does impact on the overall wellbeing. In terms of increasing access Slough has to focus this year on working with mental</p>	

health providers and with public engagement. As we have a young population that we want to access mental health an IT application was suggested. In terms of investment in mental health there is a planning requirement this year that we uplift our mental health spend to the same percent uplift as budgets.

Learning disabilities – We have a statutory obligation to have a steering group to look after those patients. We have a small cohort of patients and we will have a monthly local learning disability steering group that involves all partner agencies and will be on an East Berkshire basis. This group will look at developing and delivering targeted services for the population with learning disabilities and also to look at a wider social and healthcare services so that they are easily accessible to people with learning disabilities.

Diabetes

To integrate primary care and community care with our secondary care providers so we get a fully integrated pathway. This is a prime example of the advantages of co-commissioning where we can manage a pathway from primary prevention through to whole life time management.

Cancer

Have to improve access and looking at early diagnosis to improve outcomes. There is a programme of work being led across the federation.

BCF

The BCF is around pooling the CCG and Local Authorities resources to provide support and services in the community. Have a number of schemes in the BCF. BCF for next year has substantial investment we are working with Slough Borough Council to develop this programme.

Referral management

Slough CCG spends 47% of its total budget with Wexham Park Frimley North if patients do not want to be in an acute setting to reinvest that money in out of hospital services and refer in an appropriate way.

Self-care & Prevention Programme

This lets people understand and fully manage their conditions in and out of a hospital setting.

Urgent & Emergency Care

This is the biggest cost pressure. Anything above that emergency threshold we used to pay 30% we now pay 70%. This is the fastest growing area of healthcare expenditure. We have to have an integrated approach.

Pathway redesign

Working in close planning parameters across all sectors of healthcare. We want patients to go as smoothly as possible and these tend to be patients who are in contact with multiple agency organisations or have life time chronic conditions.

Maternity, Children & Young People

In partnership with WAM & Bracknell CCGs we are appointing an in house Women & Children's commissioner to strategically plan services, to redesign our service specifications. Developing a Berkshire Women and Children's programme board so we integrate services as much as possible.

We have a £171m budget this year. Have significant cost pressures that need to

	<p>be delivered through a QIPP programme and we still spend 42% of our budget in acute care.</p> <p>In terms of aligning our plans with providers this will be a significant challenge we are looking to treat patients in an appropriate setting, looking to move resources in to and out of hospital.</p> <p>Frimley Health has taken over Wexham Park Hospital and they have had to put in place recovery plans to hit constitutional standards which had been breached by the old trust. Assured by the Trust with the exception of two areas that by 1st April they will be fully compliant and we have got recovery plans and by July they will be compliant on Cancer 62 days compliant and 31 days compliant on cancer treatment.</p> <p>Dr Asif Ali commented on self-care. Supports self-care for long term conditions but one of the areas we are not coping with nationally and locally is self-care around patients with minor illnesses and ailments. Nurses and GPs spend time treating patients who could manage their own self-care. We need GPs to focus on elderly patients and long term conditions. Public education needs to go into our strategy.</p> <p>Carroll Crowe to take an action to discuss with Angela Snowling Consultant in Public Health Slough Borough Council in terms putting into the Public Health element of the operating plan.</p> <p>The Governing Body noted the report</p>	CC
12.	Interoperability Phase 2 Bid	
	<p>Nigel Foster presented the paper. The purpose of the paper is to request ratification of a decision made by Dr Jim O'Donnell as Chair in terms of approving the PID for this second phase document.</p> <p>This paper is about a project called 'Share your Care'. This will enable clinicians in different settings and organisations to view, with patient's permission, records which are held by other organisations. This paper concerns the setting up of a pilot for phase 2 to bring together Primary Care, Community Care and Social Care data to be viewed within one portal. This will be managed in collaboration with the 3 CCGs across East Berkshire, the three Local Authorities and provider organisations.</p> <p>As part of this project it is important that we work closely with our patient groups making sure that it is done in the right way with the correct governance and permissions and the communications and engagement team are working with the project team around how this can be effectively carried out.</p> <p>Dr Asif Ali mentioned that letters are being sent out to all patients with information about sharing records. Sarah Bellars pointed out that that there will be different access levels of sharing records not every clinician will be able to view everything.</p> <p>The Governing Body ratified the approval given by the Chair Dr Jim O'Donnell.</p>	
13.	Communication & Engagement Strategy	
	Ali Green and Mike Connolly presented the Communication & Engagement Strategy highlights.	

	<ul style="list-style-type: none"> • A patient survey was conducted as part of the Prime Ministers Challenge Fund (PMCF). • 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. The local press is important for reaching certain sections of the community. • Analysis of the use of the CCG website shows a growing number of people using the site and which sections are most popular. • To seek more views about the website from the PRG meetings. <p>The Governing Body noted the report</p>	
14.	Any Other Business	
	Nasreen Bhatti announced that Sara Richards Local Nurse GB member will be retiring in March and the Governing Body members thanked her for all her hard work that she has done for Slough CCG.	
	The next Governing Body in Public will be held on Tuesday 2nd June 2015 12.00 – 4.00pm at The Centre Conference Venue	