Governing Body Meeting in Public

Minutes

Council Chamber, Fourth Floor, Easthampstead House,
Town Square, Bracknell, RG12 1AQ

Wednesday 14th October 2015 from 9.30 a.m. – 12.30 p.m.

PRESENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr William Tong (WT)</td>
<td>Clinical Chair of B&amp;A, CCG (Chair)</td>
</tr>
<tr>
<td>Dr Jackie McGlynn (JMcG)</td>
<td>Clinical Director, B&amp;A CCG</td>
</tr>
<tr>
<td>Dr Martin Kittel (MK)</td>
<td>Clinical Director, B&amp;A CCG</td>
</tr>
<tr>
<td>Dr Rohail Malik (RM)</td>
<td>Clinical Director, B&amp;A CCG</td>
</tr>
<tr>
<td>Sarah Bellars (SB)</td>
<td>Director of Nursing, B&amp;A CCG</td>
</tr>
<tr>
<td>Nigel Foster (NF)</td>
<td>Interim Chief Officer, B&amp;A CCG</td>
</tr>
<tr>
<td>Sally Kemp (SK)</td>
<td>Lay Member for Governance, B&amp;A CCG</td>
</tr>
<tr>
<td>Karen Maskell (KM)</td>
<td>Lay Member for Patient &amp; Public Involvement, B&amp;A CCG</td>
</tr>
<tr>
<td>Jennie Ford (JF)</td>
<td>Practice Manager, Sandhurst Group Practice and B&amp;A CCG</td>
</tr>
<tr>
<td>John Nawrockyi (JN)</td>
<td>Local Authority Representative, Interim Director of Adult Health and Social Care, Bracknell Forest Council</td>
</tr>
<tr>
<td>Partha Kar (PK)</td>
<td>Secondary Care Adviser, B&amp;A CCG</td>
</tr>
<tr>
<td>Maxine Fishlock (MF)</td>
<td>Representing the Local Nursing Team</td>
</tr>
<tr>
<td>Debbie Fraser (DB)</td>
<td>Interim Director of Finance, B&amp;A CCG, Acting CFO</td>
</tr>
<tr>
<td>Carrol Crowe (CC)</td>
<td>Director of Strategy and Commissioning, B&amp;A CCG</td>
</tr>
<tr>
<td>Tianne Thompson (TT)</td>
<td>Interim Head of Corporate Affairs</td>
</tr>
</tbody>
</table>

APOLOGIES

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Glaze (JB)</td>
<td>Local Nurse Representative of Governing Body</td>
</tr>
<tr>
<td>Mary Purnell (MP)</td>
<td>Director of Operations</td>
</tr>
</tbody>
</table>

IN ATTENDANCE

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Tilley (AT)</td>
<td>General Manager, B&amp;A CCG</td>
</tr>
<tr>
<td>Ally Green (AG)</td>
<td>Associate Director of Communications and Engagement</td>
</tr>
<tr>
<td>Lynn Pringle (LP)</td>
<td>PA and Business Manager, B&amp;A CCG</td>
</tr>
<tr>
<td>Dr Edward Harrison (EH)</td>
<td>GP Fellow, Gainsborough Practice</td>
</tr>
<tr>
<td>Ann Bryant (AB)</td>
<td>Project Support Manager B&amp;A CCG</td>
</tr>
</tbody>
</table>

1  Introduction

Chairman’s introduction & apologies for absence

WT welcomed the public members. It was noted that no questions were received from the general public in advance of the meeting.

1.2 Conflicts of interest to declare in relation to the meeting

Conflict of interest register circulated for amendment.

1.3 Minutes of the last meeting
The minutes of the previous meeting were checked for accuracy. The Chairman requested that any actions were clearly identified in future minutes. It is noted that the minutes of the previous meeting have been constructed to best ability from collected memory.

Amendment:

Action: LP to make changes as requested - Page 3 – 4.1 – heading operating plan should read 15/16 not 16/17.

Minutes accepted as a true record.

2. Chief Officers Report

NF highlighted that good progress had been made on the Better Futures for All project working with local GP providers with expectation that contracts should be signed off within the next few days for Extended Hours provision and the service will start in early December.

Dr Edward Harrison has been appointed as GP Fellow from Gainsborough Practice, focusing on supporting GPs getting involved in commissioning with a portfolio in Mental Health.

An Urgent Care Network has recently been established to provide strategic oversight and planning for urgent emergency care. As part of the Thames Valley Network it is still in the very early stages of formation and the first meeting was on 15 September. We will be able to work with these networks to secure the most appropriate format of urgent care.

Systems resilience is now broader than just winter pressures and is taking on more responsibility to ensure a wider system assurance in terms of provision of service with delivery of key targets such as cancer target delivery. This is an evolving arrangement and we will need to work out how the Systems Resilience Group fits with other processes and accountabilities within the CCG.

The Share Your Care project will be delivering interoperability of IT systems to allow information to be shared across organisations to support integrated care; this project will help meet the National requirements.

The Collaborative Care for Older Citizens programme has changed its name to New Vision of Care. There has been valuable feedback from the design workshops by patients and clinicians. The change of name reflects the focus shifting from age to complexity of need and frailty. Pathways of care now need to take effect and make a difference.

KM queried the level of public and patient engagement in the Thames Valley Urgent Care Network and local System Resilience Groups. She also requested assurance that the Royal Berkshire Hospital (RBH) system was being included in the CCGs system wide resilience plans.

SB confirmed there was input at the RBH CQRM, there is a Clinical Lead and a person from the Quality Team attending the meeting. KM stated that there should be something in the report to reflect this.
WT stated that Dr Nuvoloni attends Frimley North and Frimley South SRGs. It was felt important that the GB and public know we are inputting into three systems until such point that Frimley Health operates as one.

MK outlined further successful commissioned schemes:
- HealthMakers – there are 11 facilitators trained.
- A new hip replacement avoidance pilot is now in place which is similar to the knee replacement project last year.
- Self care week: MK advised members of the public to check on the BACCG website for further information regarding Self Care Week.
- BASE Educational Events: MK also advised upon the GP training once per month which takes place within the BACCG.

Kooth – SK is aware it links to CAMHS and requested further information. WT advised this was a joint commissioning project with Bracknell Forest. He explained it is a direct online access service for young people from ages 9-16 being promoted in schools – it is moderated by health care experts and those youngsters at risk can be given further input. A formal report in a couple of months’ time will be provided to the CCG Innovation Panel. JMcG queried whether this was advertised in the Ascot locality and in private schools.

**Action:** WT advised the Board that he would query with Lisa McNally.

KM stated that Comms generally needs to be re-visited; we need to be better at informing people of our developments when they are happening rather than when they have been completed. JN stated we are not being ambitious enough and increasing joint working with Bracknell Forest Council and B&A CCG should be developed as an opportunity.

### Communications and Engagement Report

AG stated that the Comms Report gave highlights but that further information could be accessed on the CCG website.

The Community Partnership Forum – one forum that works across three CCGs in East Berkshire that meets on a monthly basis. The last two meetings were well attended. The meeting held in May focused on the Collaborative Care for Older Citizens (New Vision for Care) project. The June meeting focused on Cancer services for the area. The July meeting focused on the role of the community pharmacy. The next meeting is next Thursday evening and the topic that we will focus on is CAMHS.

The B&A CCG AGM was attended by 89 people and was an opportunity to gather feedback and to engage with the public and other stakeholders. Feedback received is being used in the review of the Communications and Engagement Strategy. There were lots of organisations involved including a bike producing smoothies with good presentations and reflections on what had been done during the year. There is no date set yet for next year’s meeting currently.

The Primary Care Joint Commissioning Meeting has met once so far but generated a lot of public interest. There was good public attendance and a number of questions submitted in advance. The next meeting is on 5th November 2015 at Easthampstead Baptist Church. It has been advertised on the website and awareness will be raised that the meeting is taking place.
Winter Resilience – A number of campaigns are delivered nationally - the title of the National campaign is going to be *Stay Well this Winter*, with a number of smaller campaigns fitting under that. It will be advertised in the National Press and local newspapers. There will also be advertising on pharmacy paper bags.

HealthMakers – This project is recruiting and training members of the public to be more engaged in their local NHS and with their own care. The fourth Self-Management course commences in October.

Self-care week – plans are under way for Self-Care Week which starts on 16 November. It is being supported by BFC and B&A CCG, Berkshire Healthcare NHS Foundation Trust, HealthWatch Bracknell Forest and Shopmobility. AG is having discussions with WAM CCG regarding how to model what is happening in terms of activities within Ascot practices. SK is pleased with activities on the website which included activities on Saturdays and evenings. WT agreed with JMcG focus on including Ascot. JN reflected on the cruciality of patient and public involvement and care and support to adult social care, the current system is not sustainable.

WT commended all the achievements that the CCG has a focus on at this point in time – the CO and Comms Report captured a number of activities – the balance is about capturing all those things moving forward.

PK stated it might be a good idea to state three things that did work and three things that didn’t work when reporting.

**Action:** WT agreed to incorporate this as an improvement to the reporting to Governing Body.

KM stated it was necessary to have all conversations with patients whether positive or negative, this ensures real public engagement.

4. **Assurance Framework**

The Assurance Framework has been revised with a number of improvements including a simpler format, a summary coversheet, a new risk rating matrix and a re-evaluation of all existing risks. The new framework consists of 14 strategic risk scenarios and outlines the strategic risk position of the CCG. A system of new risk registers has been developed across the corporate governance reporting arrangements to underpin the Assurance Framework. The end point of this document has not yet been reached.

WT stated that in the current economy we may not be able to get to the point where all our providers are in balance, but we need a marker which demonstrates we are on that journey as opposed to making a statement we are never going to fulfil, recognising there is a risk. Clinically led commissioning – the flavour does not quite come through enough – the reason we are here is the need to review current services and innovations are being hampered. SK stated there is more work to do regarding the execution of the document. The turnover of staff in the CCG is impacting on capacity and capability, significant work needs to be done. KM commended the document but it could be improved by looking at examples in other industries.

TT stated that the Assurance Framework sits strategically but what underpins
the document is the system of risk registers that we did not previously have. We needed to respond swiftly to auditors and to have traced risk throughout the organisation. The risk management framework now reflects this.

The Governing Body are happy to endorse the four recommendations and agree that the risk assurance process is more robust but has room for more improvement.

5. **Quality**

5.1 **Quality Scorecard and Highlight report**

- Overall performance has improved at Wexham Park since the acquisition of Frimley Health.
- Concerns remain about quality at Royal Berkshire Hospital and the West Berkshire CCGs have attended Quality Committee to explain the improvement plans they have agreed with the Trust.
- The number of C-Difficile infections has caused some concern. The Trust is investigating and improvement is expected in this area.
- The stroke patient pathway is being reviewed. The CCG is working with Frimley to improve care.
- The C-section rates have been consistent without any increase in incidents or concerns.

5.2 **Joint Quality Committee Chair’s Report highlights:**

- Health assessments should be provided to looked-after children. Bracknell Forest Council has been proactive and the position has improved in this area. For Ascot, the RBWM have developed an escalation plan which is being implemented.
- The number of patients receiving a Falls Assessment within 24 hours of admission to an older adult mental health ward is improving.
- South Central Ambulance Service has undertaken an audit of long waits which have been causing concern.
- The national shortage of BCG vaccinations has meant babies have been sent home following birth without a vaccination. Now vaccinations are available, new babies are being vaccinated again and the catch up is being managed with the older babies being vaccinated first.

5.3 **Provider Quality Report**

- Snapshot of report covers June/July not April/May. Work has been done on health assessments for children in placements – there has been an issue with communication between LA and Health – the system is not currently robust. The relationship has been worked on to improve communications.
- Safeguarding training – Frimley and Wexham – not been able to evidence level of training, it seems to be the computer system playing up and not providing the information, cannot narrow down to which staff groups it is.

5.4 **Patient Experience**

The themes for complaints across different providers are similar but their management can be different. Mental Health trusts do tend to have higher
numbers of complaints than others and this is a national trend. Wexham have made significant improvements in reducing the numbers of complaints demonstrating they are being managed better.

WT commented that the waiting times at Bracknell UCC have improved.

KM - involvement with Frimley Health – pleased to see joint working across the two PALS teams.

SK stated that this there is a huge amount of well-presented information but it is 120 pages long. SB stated that these are a summary of provider reports. SK would like to see a summary cover sheet – if people want the detail then they can be attached as summary appendices. WT stated the document was intelligence rich, very good for clinicians. SK queried how to access reports as a member of the public. SB made a suggestion as to the specific naming of the report.

6 Strategy

6.1 Process to refresh CCG 5 year plan

NF outlined the theme of refreshing the 5 year strategy plan. He explained that the CCG currently has a 5 year strategy plan due to run until 17/18 which is very large – 170 pages. There are also several smaller strategies running separately, this will be the opportunity to develop a shorter, simpler document to ensure all the strategies are working collaboratively. NHS England are expected to share some guidance for what they expect of this refresh over the coming weeks.

NF stated the requirement for system wide transformation plans rather than individual organisational plans next time around as outlined by The Kings Fund. There is a key launch event for Chairs and Accountable Officers in mid-November when this message on the system wide approach will be discussed.

NF stated that there is work to do to respond to national requirements. This will also encourage us to re-visit what improvements we need to incorporate as a CCG – if we cannot articulate clearly to our local population then this is not satisfactory. This will be further discussed at the GB workshop in November.

KM recommended that members of the public are included in the production of the document. JMcG explained there is a complexity when looking at the acute system and how do we capture this complexity in the GB workshop. MK requested that the strategy is not verbose – more headlines and explanation rather than huge strategy documents.

PK stated that the Strategic Plan needs to show what is implementable, Patients should be allowed to drive it – consensus brings mediocrity. GPs try to please everyone in the system and this is not possible.

6.2 Children and Young People’s Transformation Agenda

CC stated that it is acknowledged in East Berkshire that there are problems accessing the CAMHS service at all levels. Funding is being made available for transforming care for children and young people’s (CYP) mental health and wellbeing. Plans for Bracknell and Ascot need to be developed with partners
including Public Health and the Health and Wellbeing Board. A submission to NHS England was made by 16 October 2015 and the CCG awaits feedback. Should the submission attract funding of £700k, the CCG will be able to tackle some of the biggest issues around access and improving integration, whilst recognising this has been an underfunded area for some years.

CC stated there is a lot of documentation around the 5 year forward view. The health and wellbeing gap needs to be closed and there has to be the right capacity in capability across the system by 2020. The submission of high level provision will yield high level outcomes. The plans will not be published until November subject to final approval from the Health and Wellbeing Board.

The Health & Well Being structures will identify key principles and support the governance for Bracknell and Ascot CCG – An East Berkshire CYP board with WT and Councillor Birch has been established with patient representation. A CAMHS working group has been established with Katie Simpson, Mental Health Lead Clinical Commissioner with good representation for education across all three CCGs.

Key principles of CYP transformation plan:

- there should not be gaps between delivery components.
- reduce the numbers of children on the waiting list
- clarity for directing people to get the right support.
- continuous evidence based service improvement delivered by a workforce with the right skill mix, competencies and experience needs building into system.
- transparency and accountability is an absolute requirement.

Community eating disorders – we have expanded our current IAPT Talking Therapies service for 16/17 year olds, rather than just adults, this will continue and expand.

SK queried what would actually change for the children and young people. CC explained that there was PPI embedded in the slide including Young Health Makers, Slough also has a similar scheme. KM suggested that certain groups in the voluntary sector who would be good representatives.

The GB that the plan was open for further community input and that Kooth could be rolled out to the other two localities. Reading University have also proposed a number of projects.

SK mentioned the challenge made at the AGM regarding CAMHS – 18 weeks wait is too long, there needs to be improved access to Tier 3. CC explained that Tier 3 level was the medical model, there are large numbers on the waiting lists but only 48% of them will ever be accepted by Tier 3 because they do not fit the criteria.

WT stated that the CCG needs to be clear about each pilot scheme and what it means in terms of transformation in the long term. SK stated that there needed to be discussion outside the room about making this happen. The consensus of the Governing Body was that there needs to be more of a focus on CYP commissioning.

**Action** – manage the detailed CYP implementation plan.
### Finance and Performance

7.1 Finance Report Month 5

DF reported that at month 5 the CCG is reporting on plan, with a year to date surplus of £960k and a year-end surplus of £2.3m. A number of pressures have been identified relating to the mental health placements budget, independent sector acute and the CCG’s main acute provider. The CCG has been able to cover these pressures from its reserves, and hence the CCG is currently reporting to plan, however, we will continue to monitor the position closely. A number of risks are present and these are summarised below:

- The contract with Frimley Health has not yet been signed (although close to agreement).
- Quality, Innovation, Productivity and Prevention (QIPP) plans may fail to deliver savings of £2.95m.
- Continued risk that the CCG may be charged for void/subsidy costs by NHS Property Services.

A Financial Control Environment Assessment is required of all CCGs as part of the overall management of financial risks within the NHS this year and has been completed. The medium term financial plans are being worked on and will be brought to GB workshop in November.

SK queried Berkshire West risk share – DF explained it was related to an old PCT transaction. WT stated that Neurology was a huge financial risk and the CCG would inherit the budget under specialist commissioning.

KM queried how people get wheelchairs there are quality of life issues as well as medical issues. This is a very emotive subject for a defined subset of our population.

SK queried that many QIPP schemes are at project definition, sighting the large forecast of £450k savings with reporting of a year to date actual of £69k savings. MK stated it was difficult to discuss in detail however the biggest tilt was mental health and cardiology. Concerns were raised about the current cardiology programme.

Medicines optimisation team recognise that year on year we will not deliver the generic savings – looking at people with more than 10 repeat meds. The brief needs to get to a point where we can see it.

### System Resilience

CCGs are required to review their own compliance and that of local acute, community and out of hours services using national core standards for emergency preparedness, resilience and response. Reviews have taken place of Frimley Health ((Wexham and Heatherwood sites) and East Berkshire Out of Hours (OOH). The CCG is fully compliant with all core standards except pandemic influenza (actions identified in improvement plan will be completed by November 2015). The results of the reviews of Frimley Health and OOH confirmed that Frimley Health is compliant for 31 of the 50 standards with plans in place for being fully compliant before the end of 2015/16. East Berkshire OOH was compliant for 19 of the 26 standards. This was their first assessment and they are now working on an action plan for full compliance before the end
of the year.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>AOB – no items.</td>
</tr>
</tbody>
</table>
| 10. | Open Forum for Questions [published separately)  
|     | No questions were tabled.  
|     | **Meeting closed at 12.22 p.m.** |