

Governing Body Meeting in Common (in public)

DRAFT Minutes of the Meeting held on Wednesday 14 March 2018
from 13:00 – 15:00 at Windsor Racecourse

| Present | | |
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| John Lisle | JL | Accountable Officer |
| Sarah Bellars | SB | Director of Nursing and Quality |
| Debbie Fraser | DF | Deputy Director of Finance |
| Fiona Slevin Brown | FSB | Director of Strategy and Operations |
| Nigel Foster | NF | Director of Finance |
| Anne Stebbing | AS | Secondary Care Consultant |
| Viki Wadd | VW | Associate Director for Communications and Engagement |
| Jim O'Donnell | JO'D | Clinical Chair, Slough CCG |
| Clive Bowman | CB | Lay GB Member, Slough CCG |
| Nithya Nanda | NN | GB GP Member, Slough CCG |
| Jackie McGlynn | JM | Clinical Director, Bracknell & Ascot CCG |
| Martin Kittel | MK | Clinical Director, Bracknell & Ascot CCG |
| Sally Kemp | SK | Lay GB Member, Bracknell & Ascot CCG |
| Huw Thomas | HT | GB GP Member, Windsor, Ascot & Maidenhead CCG |
| Adrian Hayter | AH | Clinical Chair, Windsor, Ascot & Maidenhead CCG (Chair) |
| Arthur Ferry | AF | Lay GB Member, Windsor, Ascot & Maidenhead CCG |
| Alison Alexander | AA | Local Authority Member, Royal Borough of Windsor & Maidenhead |
| In Attendance: Lynn Pringle | LP | Business Manager (taking the minutes) |
| Apologies: Mike Hoskin | MH | GB GP Member, Slough CCG |
| William Tong | WT | Clinical Chair, Bracknell and Ascot CCG |
| Lalitha Iyer | LI | Medical Director |

| 1. | Introduction | Action |
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| 1.1 | <p><u>Chairman's introduction and apologies for absence (Chair)</u></p> <p>Apologies for absence were received and noted as above.</p> <p>The Committee noted this is the last meeting for Anne Stebbing; AH thanked AS for her hard work and positive contributions whilst serving as a Governing Body member and wished her well for the future.</p> | |
| 1.2 | <p><u>Conflicts of Interest to declare in relation to the agenda (Chair)</u></p> <p>NF declared his shared role as Director of Finance at Frimley Health Foundation Trust and Berkshire East CCGs.</p> <p>No further conflicts of interest were noted.</p> | |

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| 1.3 | <p><u>Governing Body Minutes of the last public meeting held on 22 November 2017 (Chair)</u></p> <p>The minutes from the Governing Body in Common Meeting (in public) on 22 November 2017 were accepted as a true record of the meeting with the following revision:</p> <p><u>Page 3 – Bracknell</u> Last sentence – cost <i>reductions</i> should read cost <i>pressures</i>.</p> | |
| 1.4 | <p><u>Questions from members of the public</u></p> <p>Robin Lansman introduced himself as an Osteopath working in Maidenhead. Question: ‘How might Osteopathy best integrate with local health services in 2018 and going forwards?’</p> <p>AH reported that we are currently looking at our musculo-skeletal (MSK) services as three CCGs. MK summarised that historically Osteopathy has been a speciality provided by the private sector and not part of the NHS core offer.</p> <p>Action: MK to arrange a meeting with Robin Lansman to discuss the question raised in more depth.</p> | MK |
| 2. | Strategy | |
| 2.1 | <p><u>Accountable Officer’s Report (John Lisle)</u></p> <p><u>Merger</u></p> <p>Formal approval for the merger has been received by NHS England; confirming all query items have been satisfactorily addressed. This is the last meeting of the Governing Body in Common for the three CCGs - from 1st April 2018 we will be East Berkshire CCG. The formal approval also included the Constitution, statutory roles (including Chief Finance Officer) and Governing Body composition.</p> <p><u>Operating Plan</u></p> <p>We were required to submit a system wide Operating Plan, this has been submitted and we are awaiting feedback before the final submission. There is a shorter document with a list of core priorities that has been drawn up by the Executive and will be used with staff and partners to communicate the core aspects of our plans.</p> <p><u>Sustainability and Transformation Partnership/Integrated Care System</u></p> <p>Following discussion at the February Governing Body Meeting in Private, the system-wide Memorandum of Understanding has been updated to include a paragraph emphasising quality, safety and patient experience. The further items required by the Governing Body to enable sign-off will be included in the 6 month review. Lay and independent oversight and scrutiny has been taken forward by Sir Andrew Morris.</p> <p>JL reported there was good discussion at the Programme Board today, this Board sits underneath the Integrated Care System Steering Board and examines key programmes being pursued and progress against them. It would now be advantageous for Governing Body members to see the summary milestone tracker and RAG rating document.</p> | |

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| | <p>Q: If you were to attend one of our engagement events would you object to having demographic information about you captured e.g. age band, gender, ethnicity, postcode?</p> <p>It was generally agreed that the whole process should evolve around the information detailed above; however it would need to be carefully managed.</p> <p>It was also highlighted that the digital media strategy will need to engage with all stakeholder groups and all age ranges. The dates should be made available to members of the public as soon as possible.</p> <p>Susan Holton, the Lead Community Partner for the Department of Work and Pensions based at Slough Job Centre introduced herself and explained her role was to try to get more people into work with long term health conditions; her team are keen to work with the CCG to examine the work and health connection.</p> <p>FSB outlined the scope and emphasis of the engagement focus:</p> <ul style="list-style-type: none"> • Sustainability and future of general practice; • Community services in the context of the frail and elderly population; • New Vision of Care and access on the day to urgent care services. <p>Alongside the above there is also a focus on prevention and well-being and how to help people help themselves and navigate to relevant information about making good decisions and health choices.</p> | |
| 2.3 | <p><u>Operational Plan for 2018-19</u></p> <p>Planning guidance was received in February 2018 and the first tranche of the plan was submitted last week with a final version due by 30 April 2018. We are required to submit a single Frimley Integrated Care System (ICS) and to refresh and revisit the local plan that we developed last year. The priorities are - Urgent and Emergency Care, Primary Care, Cancer and Mental Health. There has also been funding nominally allocated to us to develop our Estates – this will help us in delivering our Model of Care that we will be discussing with our stakeholders.</p> <p>There was further discussion regarding service provision and how this works demographically i.e. different emphasis in different areas. There has been a learning network established which is looking at sharing best practice across the patch and to understand populations which will help to standardise quality around a similar model across the whole area.</p> <p>Decision: The Operating Plan was approved unanimously by Governing Body members.</p> | |
| 3. | Assurance Matters | |
| 3.2 | <p><u>Finance Report Month 10 assured via Finance/QIPP Committee on 1st March 2018</u></p> <p>These figures are for Month 10 based on acute activity up to Month 9. Overall for Month 10 the forecast has reduced by £0.4m, with the key movements being an improvement in Acute, offset by an increase in the Continuing Healthcare (CHC) forecast.</p> <p>Acute has moved favourably by £1.3m, largely an improvement at Frimley - £0.9m, RBFT - £0.2m and the settlement of 1617 contracts brings a further benefit of £0.2m. As flagged last month, CHC has moved adversely by £1.8m, which is mitigated by a reduction in FNC spend of £1.0m, so the net movement £0.8m which</p> | |

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| | <p>mainly falls within Bracknell.</p> <p><u>Month 11</u></p> <p>Overall the position has deteriorated by £1.8m; many of the improvements last month were reversed in M11, Frimley has moved adversely by £1.3m, RBFT by £0.2m and London by £0.1m; however, we are still confident we will hit our planned surplus.</p> <p>Mental Health placements moved adversely again, reversing some of the savings from prior months, which was mitigated by an improvement to CHC/FNC and Prescribing as the pressure on NCSO eases slightly.</p> <p><u>CCG Merger</u></p> <p>The East Berkshire CCG merger project plan was presented to Audit Committee in early February 2018 to provide assurance that the project is progressing on track for 1 April 2018.</p> | |
| 4. | For Noting | |
| 4.1 | Approved Minutes of IM&T Committee on 26 January 2018. These minutes were noted by Governing Body members. | |
| 4.2 | Approved Minutes of Audit Committee on 10 th November 2017. These minutes were noted by Governing Body members. | |
| 4.3 | Approved Minutes of Joint A&E Delivery Board on 11 th January 2018. These minutes were noted by Governing Body members. | |
| 4.3 | Approved Minutes of Business Planning & Clinical Commissioning on 18 th January 2018. <u>Revision required:</u> Item 5 – ASD Autistic Spectrum Hub Business Case (Page 2 – Paragraph 5) <i>This service would be a first to provide for adults and children with both conditions. Further clarification needed regarding both conditions; specify the conditions are ASD and ADHD.</i> | |
| 5. | Any Other Business | |
| 5.1 | AF asked whether a contract was in place for musculoskeletal services and whether a full procurement process was expected. FSB responded that there is a contract in place, following expiry of the prior contract. <u>Post meeting note</u> The contract has been formalised as a component within the Berkshire Healthcare Foundation Trust primary contract, until September 2018. Services beyond that time are being reviewed on an Integrated Care System basis. The formalisation was not subject to full procurement for this interim period, as it represents a small (<10%) transfer of existing arrangements with BHFT into the primary contract. Future procurement approach will be determined depending on the chosen strategy for MSK services across Frimley ICS. | |
| 6. | Meeting Review | |
| 6.1 | AH asked the Governing Body members to consider the questions below in their response: <ul style="list-style-type: none"> • Did the meeting make good use of people's time? • Did it deliver what it should? • One aspiration in terms of the future Governing Body meetings. | |

Comments of Governing Body members

AA – LA representatives attend every third meeting, it would be of more value to attend the meetings each month.
 NN – Useful meeting; helpful to see plans and presentations in terms of future conversations with patient groups. Need to be more mature in our conversations.
 HT – Good to have members of the public present. Need to maintain useful open and transparent conversations.
 SK - Good time management. Have a back-up item in hand if we have spare time.
 AF – Good time management.
 JL – Quality and performance item to come to the public meetings.
 AS – Agenda was light so we had the opportunity to expand on the items which was helpful.
 CB – Chairman to have the executive power on the day to decide what is appropriate for the public meeting. Openly ask the public for feedback.
 JO – Good use of time and the opportunity to discuss in this group multiplies the value of the information. Would be useful to spend more time looking at unwarranted variation throughout the population e.g. variation from practice to practice, ward to ward, population to population or service to service at each governing body meeting.
 MK – Encouraging to see members of the public. Would be helpful to bring a clinical story to each public meeting. A glossary is required for Governing Body meetings.
 VW – Good to see so many members of the public attending this meeting.
 NF – Have a glossary available at the end of Governing Body papers. As a Governing Body moving forward we will be a new statutory entity for East Berkshire and this is our primary responsibility.
 JM – Agenda – always have a quality item on the agenda. Great spontaneous questions from the public.

Chair Summary

Over the last five years working together has been just one of the ways that we have naturally come together – we have worked with a collaborative approach and this will need to continue in the future. The vision was ‘Working together locally to provide sustainable excellence in healthcare’ and we need to keep that vision alive. We are well set up as outstanding CCGs in an outstanding system to deliver new services for our population through all the hard work of governing bodies previously. AH thanked everyone for their hard work.

The members of the public generally agreed that this meeting was informative. It was noted that it is important to handle matters as transparently as possible as this will engender greater trust in the population. A briefing note after the meeting would be helpful to put on the website. A visual presentation would also be useful to engender interest and provoke discussion.

The next Governing Body Meeting (in Private) will be held on 11 April from 14:00 – 16:00 at Easthampstead Park Conference Centre