

Governing Body Meeting (in public)

DRAFT Minutes of the Meeting held on Wednesday 11th July 2018, 2-4pm
Easthampstead Park Conference Centre, Bracknell, Peacock Lane, RG40 3DB

Present		
William Tong	WT	Clinical Chair, East Berkshire CCG (Chair)
Andy Brooks	AB	Clinical Chief Officer, East Berkshire CCG & Surrey Health CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Jim O'Donnell	JO'D	Slough Locality Lead, East Berkshire CCG
Clive Bowman	CB	Lay GB Member, East Berkshire CCG
Nithya Nanda	NN	GB GP Member, East Berkshire CCG
Jackie McGlynn	JMG	Bracknell and Ascot Locality Lead, East Berkshire CCG
Martin Kittel	MK	GB GP Member, East Berkshire CCG
Sally Kemp	SK	Lay GB Member, East Berkshire CCG
Huw Thomas	HT	GB GP Member, East Berkshire CCG
Adrian Hayter	AH	Windsor, Ascot and Maidenhead Locality Lead, East Berkshire CCG
Arthur Ferry	AF	Lay GB Member, East Berkshire CCG
Myra Haynes	MH	Chief Officer- Adult Social Care, Bracknell Forest Council
Mike Hoskins	MH	GB GP Member, East Berkshire CCG
Lalitha Iyer	LI	Medical Director, East Berkshire CCG
Azma Ali	AA	GB GP Member, East Berkshire CCG
Apologies:		
Nigel Foster	NF	Director of Finance, East Berkshire CCG
In attendance		
Zara Devine	ZD	Business Manager (taking the minutes)
Anshu Varma	AV	Head of Corporate Services and Governance, East Berkshire CCG
Laurel Sanderson	LS	Commissioning Manager Integrated Care, East Berkshire CCG
Jenna Gilkes	JG	Commissioning Support Officer- Integrated Care, East Berkshire CCG

1.	Introduction	Action
1.1	<u>Chairman's introduction and apologies for absence</u> (Chair) Apologies for absence were received and noted as above.	
1.2	<u>Conflicts of Interest to declare in relation to the agenda</u> (Chair) No further conflicts of interest were noted.	
1.3	<u>Governing Body Minutes of the last public meeting held on 14th March 2018.</u> (Chair) The minutes from the meeting on 14 th March 2018 were accepted as a true record of the meeting with no revisions. The action log was reviewed and updated.	
1.4	<u>Questions from members of the public</u>	

	There were no questions from the public were received.	
2.	Clinical Chief Officer's update	
2.1	<p><u>Clinical Chief Officer's Report</u></p> <p>WT introduced Dr Andy Brooks as Clinical Chief Officer for East Berkshire CCG and for the interest of the public, noted the role is a joint post between East Berkshire CCG and Surrey Heath CCG.</p> <p>AB presented the Frimley plan summarising the ICS footprint highlighting the priorities and initiatives for the ICS with emphasis on Community Care and Out of Hospital Care along with the transformation of General Practice, along with ensuring digital systems are in place for care records to be accessed by all professionals.</p> <p>Frimley ICS is one of eight ICS systems and has received transformation funds to implement the priorities and initiatives.</p> <p>Learning has been shared from the Vanguard New Care Model with key points:</p> <ul style="list-style-type: none"> • Looking at prevention of physical and mental health • Improved access to care • Preventing out of area placements for Mental Health patients <p><u>Questions</u></p> <p>JO'D suggested for a ward map to be compiled along with a practice map for public and staff. It was confirmed the East Berkshire Primary Care Team are implementing a map of practices across the ICS footprint.</p> <p>Robin Lansman introduced himself as an Osteopath and raised a concern for the ability of non NHS professionals' to access patient care records. FSB confirmed the new system allows patients to access their own records which they can share with other professionals.</p>	
2.2	<p><u>NHS70: Celebrating 70 years of the NHS (Sarah Bellars)</u></p> <p>SB informed the Board and members of the public that a selection of CCG employees attended the 70th Celebration at Westminster Abbey, where a number of inspiring speakers shared their experiences of the NHS including a nurse who started her career prior to the NHS along with Freya who survived the Manchester bombing and shared her positive experiences of the NHS.</p> <p>Two video clips were played, NHS 70th celebration.</p> <p>https://www.youtube.com/watch?v=xFHM9hPwkjU&feature=youtu.be</p> <p>The views of Slough Young People's Council on the NHS.</p> <p>I:\movie slough yp.mov</p> <p>SB summarised concerns raised in the clip from Slough Young Peoples' Council that were not dissimilar to patient concerns and praised the awareness of mental health.</p> <p>AH expressed a lack of acknowledgement of diversity within the NHS with the Windrush Generation in the 70th celebration, and expressed concerns around the current challenges of continued diversity amongst organisations. SB acknowledged</p>	

	<p>the NHS would not have started without the Windrush Generation and confirmed there was acknowledgment and gratitude expressed by speakers at the Westminster Abbey event.</p> <p>MH reported members of staff at his practice celebrated and would have appreciated an acknowledgement from the CCG to all practices for the continued hard work of staff.</p> <p>ACTION: Write to practices and provider organisations thanking them for their continued hard work and in light of the NHS 70 Celebrations.</p> <p>MK expressed his gratitude for the health service provided in the UK in comparison to other countries and spoke about his experiences working as a student in Europe where no care was provided to patients unless it was paid for.</p> <p>SB shared the Nurses story from the Westminster Abby event, where prior to the NHS children would not receive medical treatment due to the costs until very late into an illness at which point it was often too late.</p>	<p>WT</p>
<p>3.</p>	<p>Quality and Performance</p>	
<p>3.1</p>	<p><u>Quality & Constitutional Standards Chairs Report</u></p> <p>SB drew attention to Gram Negative Bacterium (GNB) target within the report; there has been new information since the report was written. The National target is to reduce GNB for 17/18 by 10% and a further 50% for 18/19. The figures had increased for 17/18 and continue to do so in 18/19. To enable a reduction in these figures it was suggested a reduction in antibiotic prescribing. GNB can share their resistance to antibiotics with other species therefore the range of antibiotics available to treat these bacteria could be exhausted.</p> <p>There are expansive plans in place to address this however it has taken longer than expected to implement. The pattern is not uniform across the patch on where the increases are presenting.</p> <p>The Acute Trusts have seen a decrease however there is an increase in Slough and Bracknell & Ascot. Work is being carried out with NHSI around viewing practice data. Presently the current target is not being met in East Berkshire.</p> <p>FSB raised a query within the report; Mental Health Crisis Home Treatment Team (CHTT) response time is 4 hours with a target of 85% however the report indicates a 9% target achievement.</p> <p>Action: Confirm the achieved target figure for CHTT response time.</p> <p>FSB raised an additional query on the CAMHS outcomes; whether they are being reported to the Children and Young People Transformation Board (CYPTB) and how to improve those figures; patient outcomes have decreased form 86% to 68% and patient experience have decreased form 95% to 56%.</p> <p>SB confirmed the Children’s Commissioner views the CAMHS reports and sits on the CYPTB.</p> <p>ACTION: Confirm the Children’s Commissioner has sight of the CAMHS report, attends the CYPTB and is aware of the decrease in patient outcomes and experiences.</p> <p>SB informed the Board of the plans to deal with the increase in GNB:</p>	<p>SB</p> <p>SB</p>

	<ul style="list-style-type: none"> • Socialising at senior level Boards (it is unlikely we will meet the 50% target). • Education for staff at all levels of health and social care; the social care interventions will have an impact on the figures. Positive examples of this intervention are the hydration project to reduce urinary tract infections in care home settings. Along with education to the public. • Education on appropriate treatment of antibiotics within care homes. <p>JMG raised concerns around Ashford and St Peters Stroke 4 hours admission pathway which has dropped to 34%. SB confirmed this has been raised through the quality team who are working with Surrey CCG to identify the cause and will bring back the findings to Governing Body.</p> <p>Action: To bring back the findings of the Stroke 4 hour admissions pathway at Ashford & St Peters - this has dropped to 34%.</p> <p>Discussions took place around the lessons learnt from CQC inspections and it was suggested to share the learning through the locality meetings, it was reported the quality team have experienced resistance when requesting an agenda slot at the member meetings.</p> <p>NN raised a concern on GP access to patient ECHO results, SB will share this information with NN via email, discussions have taken place with the Trusts and a programme has been suggested to rectify the issues which will come back to Governing Body for approval.</p> <p>It was suggested to engage with the public to aid the decrease in GNB, SB confirmed engagement will take place at carer's forums.</p>	<p>SB</p>
4.	Finance	
<p>4.1</p>	<p><u>Finance Report for Month 2 East Berkshire CCG</u></p> <p>Month 2 is in line however, Month 3 is presenting emerging risks from the Acute activity. There is an increase for Ashford and St Peters with Quarter 1. Frimley is reportedly over for Quarter 1 however it was noted there is an anomaly with the data that is being investigated.</p> <p>Mental Health placements have seen a growth, patients are returning with allocated funding therefore the pressures should be relieved.</p> <p>There was a gap of £1.8m with Royal Berkshire which has now been reduced, the CCG have received an activity plan which is indicating a £500k difference. Future reports will include underlying positions.</p> <p>The Annual Accounts were submitted to NHS England at the end of May 2018 and are available on the CCG website. NHS England has issued a Financial Planning and Governance Self-assessment which is due to be completed by 13th July 2018.</p>	
5.	Strategy	
<p>5.1</p>	<p><u>End of Life</u></p> <p>The aim of the strategy is to ensure carers and families are provided with pre-grievance and post-grievance care and to achieve better outcomes for patients.</p> <p><u>Highlights 17/18</u> 24/7 Rapid Response service was implemented and provided by Thames Valley Hospice along with an advice line for patients, professionals and carers to access.</p>	

<p>Both services have received positive feedback from users. The 24/7 Rapid Response line has taken 1271 calls resulting in 1242 visits to patients and preventing 247 admissions into hospital and helped achieve a home death.</p> <p>As part of the redesign, training will be provided to GP's to help identify end of life patients earlier along with training for improving conversations on end of life with patients and families. GP's will review every death for end of life patients to inform continued learning for professionals.</p> <p><u>Strategy</u> The CCG have worked with both providers and the public to develop the strategy which has had input from the patient panel and identified 5 priorities which align with the current guidance on palliative care. Plans are in place to ensure data sharing across organisations for adults and children.</p> <p><u>1819</u> The aim is to provide a similar service for children with a 24/7 phone line and an advice and guidance line for families and professionals, work is being done with Frimley, Royal Berkshire and Alexander Devine Children's Hospice with the aim to extend this service across Surrey Heath CCG and North East Hants & Farnham CCG.</p> <p><u>ICS EoL</u> The vision is to align the strategy across the ICS to ensure there is a one care plan for patients, one directory of services and shared pathways for patients who at present find it challenging to navigate through the system.</p> <p>NN praised the 24/7 Rapid Response service and questioned if Thames Valley Hospice can access Connected Care. It was confirmed Thames Valley Hospice will have access to Connected Care and will be moving to EMIS Enterprise which is the same system used in GP surgeries. Queries arose around the procurement process - JG confirmed it has gone out to procurement with EMIS Enterprise being the preferred option.</p> <p>SK raised concerns around the capacity to provide this service with an increase in population. The Rapid response line is currently at 50% capacity however it is challenging to plan the usage which is varied, however, the team are confident there is room for growth.</p> <p>FSB outlined the plans to relocate Thames Valley Hospice to a larger site within 18 months to utilise capacity and avoid admissions into the trusts. Discussions are taking place between the CCG and Thames Valley Hospice to improve the process to fast track CHC patients.</p> <p>AH raised concerns around the gap in children's services and it was noted the gaps in children's services are significant with a small amount of commissioning required to improve. FSB summarised the Business Case that was presented to the Business Planning & Clinical Commissioning Committee in January 2018, the CCG have worked with BHFT, the Alexander Devine charity and families to identify the services required for children on end of life care.</p> <p>LI raised concerns over a patient accessing the service that live in South Bucks who had to be referred back to the South Bucks service when they are at the terminal stage. FSB clarified the criteria to access Thames Valley Hospice is based on the patients' registered GP location.</p> <p>Action: JG to follow up the concern raised and investigate why the patient was referred back to the South Bucks service.</p>	<p>JG/LI</p>
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	<p>Discussions took place around a good dying service along with an in reach service to support patient's wishes, HT confirmed there is a palliative care team within the trust who assess patients and support them if they wish to die at home.</p> <p>Andy requested hospital vs home death data.</p> <p>Action: JG to share hospital vs home death data with AB.</p> <p>NN left the meeting at 3:30 pm.</p>	<p>JG</p>
<p>5.2</p>	<p><u>Update on the Big Conversation</u></p> <p>SB summarised the various conversations that have taken place around redesigning urgent care, seeking input from public. This has provided the opportunity to engage with new members of the public. The following groups have been targeted to broaden the engagement of public using urgent care services:</p> <ul style="list-style-type: none"> • 3 Parent and Toddler Groups in Bracknell and Windsor • Slough Youth Parliament • Aik Saath (youth group) • Rise and Shine (Asian Women's Group) • Parent and Carer Forum (RBWM) • Nepalese community group in Sandhurst • Holy Family Fun Day (Polish Community) • Meet and Mingle Family Fun day • All Saints Church Dedworth – spoke to the parent toddler group, and carers • William Street Windsor Islamic prayer facility • Stoke Poges Mosque • Asian carers Group (Slough) • Maidenhead Carers group • Slough Integration Service – Somalian Community event • Bracknell Polish Saturday School <p>Phase 2 is a public survey that went live on 10th July 2018 and closes on 6th August 2018.</p> <p>The main feedback from public is the challenges to access urgent care via various access points along with the challenges to see a GP.</p> <p>It was confirmed there are still meetings to take place in July as part of Phase 1 of the Conversation.</p>	
<p>6.</p>	<p>Assurance</p>	
<p>6.1</p>	<p><u>Updated ToR for East Berkshire CCG</u></p> <p>AV informed the meeting that the paper is an update in light of the CCG's merging to one CCG - East Berkshire CCG - with all delegated committees remaining the same with the exception of Information Management & Technology Committee which will now report into Primary Care Commissioning Committee due to the key transformational changes impacting Primary Care.</p> <p>ACTION: AV to make the following amendments to the ToR.</p> <p>Primary Care Commissioning Committee: To include within the membership the Clinical Chair. Amend the membership to Lay members x3.</p>	

	<p>Remuneration Committee: Amend the casting vote to reflect the Chair will have the casting vote in place of the 3rd Lay member.</p> <p>A&E Delivery Board - FSB advised the meeting that the Board do not approve the ToR which are due to be refreshed at the next A&E Delivery Board.</p>	
7.	Committee Minutes	
7.1	Approved Minutes of Finance & QIPP on 31 st May 2018. These minutes were noted by Governing Body members.	
7.2	Approved Minutes of IM&T Committee on 25 th May 2018. These minutes were noted by Governing Body members.	
8.	<p><u>Questions from the public</u></p> <p>Lucy Bowman - Relationship Manager for Jobcentre Plus expressed an interest to work with the CCG and GPs on mental health and how to up skill staff.</p> <p>ACTION: FSB to link in with Lucy Bowman regarding mental health up skilling staff.</p> <p>AH left the meeting at 3:50 pm.</p>	FSB

The next Governing Body Meeting in Private will be held on 8th August 2018