

Business Planning & Clinical Commissioning

Thursday 18th October 2018

9:30am -11:30am

King Edward Hospital, St Leonards Road, Windsor, SL4 3DP

Chair – Fiona Slevin-Brown

Present:	Initials	Job Title & Organisation
Lalitha Iyer	LI	Medical Director, EB CCG
William Tong	WT	Clinical Chair, EB CCG
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, EB CCG
Jim O'Donnell	JOD	Locality Lead for Slough, EB CCG
Huw Thomas	HT	GP & GB Member EB CCG
Debbie Fraser	DF	Deputy Director of Finance, EB CCG
Jackie McGlynn	JMG	Locality Lead for B&A, EB CCG
Catriona Khetyar	CK	Head of Medicine Optimisation, EB CCG
Nithya Nanda	NN	GP, GB Member, EB CCG
Mike Connolly	MC	Lay PPI for Slough, EB CCG
In Attendance:		
Helen Single	HS	AD of Strategy & Operations, EB CCG
Chris Morris	CM	Chair for Slough Members meeting, EB CCG
Catherine Wellington	CW	Chair for WAM Members meeting, EB CCG
Apologies:		
Zara Devine	ZD	PA- Director of Strategy & Operations & Director of Nursing
Sarah Bellars	SB	Director of Nursing & Quality, EB CCG
Jim O'Donnell		

Agenda Item	Item	Action Owner
	Introduction	
1	Welcome and Apologies	
	Conflicts of Interest	
2	Minutes of the last meeting	
	The Minutes of the previous meeting held on 20 th September 2018 were agreed as an accurate record.	
3	Action Log	
	The action log was updates accordingly with the following actions raised: <u>Hypertension</u> ACTION: Claire Norfolk to provide an update on Cardiology workstream in November. ACTION: FSB to pick up with SS in between meetings for an update on hypertension. ACTION: WT to share NHSE email with Nithy and Sangeeta on hypertension figures for 19/20 for East Berkshire.	ZD FSB WT
	<u>AIRS</u> ACTION: FSB to discuss with the Urgent Care team the AIRs position and	FSB

	circulate service activity data to the committee.	
4	Neurology update	
	<p>FSB informed the committee the update paper has been brought back following a verbal update at October's meeting by Sangeeta Saran. JMG highlighted there was a query from the verbal update on the disparities in funding from the original Business Case. The paper details the funding on 3 clinical administrators which are fixed term posts along with a permanent 8a post.</p> <p>The original ask was for £917k, assumptions were made in the original proposal that the ICDM administrators would overlap into the neurology administrators post. It was decided with clinician input this was not suitable.</p> <p>It was noted once the triage system is live from December 2018 this should release savings to help further fund the clinical posts. The Epilepsy post is being funded by Surrey Heath CCG which is not part of the £519k request and needs recruiting to.</p> <p>It was highlighted the London MS patients who wish to be treated locally can be repatriated with care offered from Frimley.</p> <p>Concerns were raised over the feasibility of access for the Slough and WAM patients who would find travelling to London easier than Frimley. Due to the limited number of nurses available to offer the service, the service would need to be in one location, a review of the service location will be carried out at a later date.</p> <p>It was suggested that the cohort of MS patients reside in Windsor & Maidenhead and this will need to be incorporated into the plan to ensure equity of access for patients. ACTION: JMG to explore where MS patients reside.</p> <p>Discussions took place around the additional funds required and assuring this is off set from the tariff the trust receives. Queries arose on the split of the investment across the ICS with East Berkshire CCG covering the bulk of the investment and who accesses the service. It was highlighted when the business case was presented to BP&CC it was noted East Berkshire would cover the bulk cost due to this being an East Berkshire priority. ACTION: To check the previous minutes for clarity around the investment split of the neurology service across the ICS. ACTION: FSB to speak with Julie West to gain clarity on the funding split across the ICS and both Frimley sites.</p> <p>DF confirmed the funding arrangements at present for the £519k with East Berkshire CCG providing £456k, NEH&F CCG £45k and Surrey Heath £18k. DF queried if the savings would also be split across the 3 CCG's based on investment percentage made. ACTION: FSB to speak with NEH&F CCG and Surrey Heath CCG CFO's to clarify the investment ratio from each CCG along with the savings ratio back to each CCG.</p> <p>Discussion took place around the funding arrangement for the 8a post into</p>	<p>JMG</p> <p>ZD</p> <p>FSB</p> <p>FSB</p>

	<p>19/20, this year's funding would be covered by the slippage costs. It was noted no clarification has been fed back to the CCG on this matter.</p> <p>Concerns were raised over how the gap will be funded, the assumption is the triage service implementation will generate savings which will be reinvested back into the service to cover the cost gap.</p> <p>Concerns arose over the local drug costs for the patients who are repatriated. ACTION: CK to discuss drugs reimbursement for repatriated patients with DF.</p>	CK
5	Patient Portal – Personal Health Care Record	
	<p>LL summarised the purpose of the personal health record highlighting this is a requirement under the 5 year forward view for all patients to have access to their information and information on wellbeing.</p> <p>It was highlighted there is a risk to the service due to various clinical applications that are already available to download, all applications need to be joined up to the Connected Care data base to ensure clinicians can view the care records.</p> <p>Data received from the wearables of staff is now anonymised and being monitored, discussions took place around the provider of wearables Google fit and Apple Health do not provide real time monitoring.</p> <p>By the end of March 2019 patients will be able to view their file, Healthwatch are providing input on the design of the front page with key items to include appointments and health goals.</p> <p>Discussions took place around signposting on NHS Choices and linking into the app, NHS Choices already provides a list of apps for patients to access such as 0-5k walk.</p> <p>The view for 6months time is for two way access to records by patients and GP's with GP's suggesting and signposting apps to add to the record for patient use. ACTION: LL to provide a briefing to be added to the CCG Bulletin.</p>	LL
6	Minutes of Joint Commissioning CYP Health & wellbeing	
	<p>Due to delegated commissioning to the Joint Commissioning CYP Health & wellbeing a briefing will be required at each BP&CC meeting. A formal report will be brought back in November.</p> <p>WT summarised the purpose of the board along with the individuals who attend including Local Authorities, Commissioners, Children's Health and Schools.</p> <p>The local authorities provide services for schools to purchase to support the cohort of children however the GP is not sighted on this and there is no consistency within the schools as to which services they have to provide. It was noted the focus is solely on children's mental health and what consideration is there to other children's service covering physical health e.g obesity. It was clarified the pressure at present for the CCG and local authorities are children's mental health and social care. Services for physical</p>	

	<p>health of young children include EoL and Paediatric Hotline the ToR for the Joint Commissioning CYP Health & wellbeing does have wider attendance.</p> <p>FSB informed the committee from last year's operating plan there was agreement to set up an ICS CYP Board, the local themes across the ICS are consistent. A paper was presented to the ICS Programme Delivery Board where it agreed 3 priorities: Urgent Care EoL Neurological Development</p> <p>There will be local sub groups formed to help deliver the 3 priorities. The committee were asked to email FSB if they wish to attend the ICS CYP group.</p> <p>Queries arose on what Boards cover LAC and it was confirmed the LSCB is in each locality with Debbie Hartrick attending for East Berkshire CCG.</p>	
	<p>AoB</p>	
	<p>The PID out of Hospital Document has been updated.</p> <p>Forward agenda items:</p> <p>CYP Report ICS Cardiology update EoL update on CYP CBNRT Business Case</p> <p>It was noted the SRO for each workstream have a responsibility to inform the relevant locality Board if request are going straight to an ICS board for sign off but have local investment and need items to be at members meeting and on the forward planner.</p> <p>To ensure information sharing it was agreed for the minutes from the Reducing Variation group to be on the BP&CC agenda's. Business Cases may be written to request ICS Transformation funding for the first year with the expectation of local CCG picking up recurrent funding and therefore the CCG will need sight of those assumptions.</p> <p>It was noted there is strong clinical input across the ICS meetings however there is a lack of finance representation for east Berkshire.</p>	

Next meeting:
Tuesday 20th November, 9:30-11:30am
Room2, King Edward Hospital, St Leonards Road, SL4 3DP