

Business Planning & Clinical Commissioning
PART 1

Tuesday 15th January 2019
9:30am -12:30pm

King Edward Hospital, St Leonards Road, Windsor, SL4 3DP
Chair – Fiona Slevin-Brown

Present:	Initials	Job Title & Organisation
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, EB CCG
William Tong	WT	Clinical Chair, EB CCG
Debbie Fraser	DF	Deputy Director of Finance, EB CCG
Martin Kittel	MK	GP, GB Member, EB CCG
Catriona Khetyar	CK	Head of Medicine Optimisation, EB CCG
Azma Ali	AA	GP, GB Member, EB CCG
Mike Connolly	MC	Lay PPI for Slough, EB CCG
Helen Single	HS	AD of Strategy & Operations & Bracknell, EB CCG
In Attendance:		
Zara Devine	ZD	PA- Director of Strategy & Operations & Director of Nursing
Sangeeta Saran	SS	AD of Planned Care & Slough, EB CCG
Sameera Malik	SM	Commissioning Manager Planned Care, EB CCG
Janette Fullwood	JF	Head of Children's Young People and Families, EB CCG
Claire Nolfok	CN	Senior Commissioning Manager, Surrey Heath CCG
Apologies:		
Jim O'Donnell	JOD	Locality Lead for Slough, EB CCG
Lalitha Iyer	LI	Medical Director, EB CCG
Sarah Bellars	SB	Director of Nursing & Quality, EB CCG
Huw Thomas	HT	WAM GB GP, EB CCG
Jackie McGlynn	JMG	Locality Lead for B&A, EB CCG
Nithya Nanda	NN	GP, GB Member, EB CCG

Agenda Item	Item	Action Owner
	Introduction	
1	Welcome and Apologies	
2	Conflicts of Interest	
3	Minutes of the last meeting	
	The Minutes of the previous meeting held on 20 th November 2018 were agreed as an accurate record, revisions were made by the Chair with the committee's agreement.	
4	Action Log	
	The action log was updated accordingly.	
5	CYP & CAMHS wait list initiative update	
	JF informed the committee the average wait time for ADHD pathway is 22 weeks.	
	The committee raised a number of questions that needed clarification from the	

<p>CAMHS Wait List Initiative Proposal given in November.</p> <p><u>Band 5 Nurse</u> The committee agreed for a HCA on a FTV for 6months, to carry out the height, weight and BP reviews instead of the Band 5 nurse. JF to the recommendation back to Berkshire Healthcare, to ensure the implementation was not delayed it was agreed for a band 5 nurse on a 6months contract instead of the original proposal of 12 months with caveat to set up specific clinics for height weight and blood.</p> <p>New ADHD drugs are available but will require an ECG, it has not yet been confirmed who has the responsibility to ensure these are completed.</p> <p>Parenting support is a priority investment for the CCG in 19/20 under the early intervention work; the committee wanted assurance that a pathway would be available for children who does not have a diagnosis along with assurance the transformation work will address the waiting list demand. This will be included within the early intervention model. It was suggested for a costed commissioning strategy to be brought back to the committee to demonstrate spend. ACTION: JF to bring back to costed commissioning strategy on specialist CAMHS and early intervention investment with Local Authorities.</p> <p>The Local Transformation Plan Group has reviewed the current CYP Service contracts which are due to expire on 31st March 2019 and have made recommendations which are to be presented to the CYP Joint Commissioning Board on. It was noted the January meeting has been cancelled due to the tight timelines for either extending contracts or service notice to the providers, it was agreed for the recommendations to be taken to Finance & QIPP in February as no BP&CC meeting will take place in February. ACTION: JF to take the contract recommendations for CYP service to Finance & QIPP in February.</p> <p>Clarity is needed on the revised costing of the revised wait list initiative offer to Berkshire Healthcare, the committee signed off £308,000.78 in November. ACTION: JF to confirm the costing of the revised offer to Berkshire Healthcare for Helios service.</p> <p>The committee were satisfied the paper answered the questions raised from the November meeting.</p> <p>Concerns were raised over confidentiality of the service and what soundproofing measures would be put in place. The service is subcontracted by Berkshire Healthcare who has used Helios before; the service has been through a governance process. The committee also requested to know the number for children form the wait list who do not take up the offer and want assurance there is an alternative offer in place. ACTION: JF to circulate the Helios briefing presentation by Mary Evans to the committee to provide assurance on confidentiality measures and alternative offers.</p> <p>JF circulated the priorities of the CYP Joint Commissioning Board to close</p>	<p>JF</p> <p>JF</p> <p>JF</p> <p>JF</p>
--	---

	<p>Action Nov A and highlighting the following sections:</p> <p><u>Eating Disorders</u> There has been a full service review with system work, Berkshire Healthcare have expressed a request for additional investment of c£1m into the service. It was suggested for this service to be redesigned and benchmark urgent and routine referrals.</p> <p><u>Occupational Therapy</u> Waiting times for OT are up to 1 year for children and young people, this service is part funded by the CCG and Local Authorities and is being reviewed. The demand has increased by 52% since 2014.</p> <p><u>Local Transformation Plan</u> The LTP group have formed and are exploring the early intervention offer, the Local Authorities have been tasked with designing a spec for the early intervention model offer with prerequisites:</p> <ul style="list-style-type: none"> • Data to flow to the mental health data set • Evidenced based • Access point for Children and Young People • Match funding by the Local Authorities 	
6	Ophthalmology Strategy update	
	<p>The committee were asked to approve the following recommendations and provide guidance of a Business Case would be required.</p> <ol style="list-style-type: none"> 1. To approve the proposed future strategic direction of the redesign of the ophthalmology service in East Berkshire. 2. To approve recommendation of option C as a collaboration 3. Endorse the work up to redesign the Glaucoma, Cataract & WET AMD clinical pathways, shifting to an integrated model with oversight from consultants to ensure a safe yet cost effective pathway 4. Endorse the work up of an integrated casualty service between the two current secondary care providers with a further update once we have an agreed model 5. To continue our work with prescribing committees to support the use of Avastin as an off licence drug to manage WET AMD patients. 6. To approve RBH's & West Berkshire CCGs intent to work with East Berkshire CCGs' to redesign pathways via a contract variation route. <p>The Chair asked the committee to note this was not a business case and therefore a decision was not being made on investment or future commissioning of services. This paper set out the work of the Ophthalmology steering group and was in essence seeking support to continue to collaborate with the all the current providers to develop a redesigned model of service delivery.</p> <p>SS informed recommendation 6 is a request to confirm support for continued collaborative work with West Berkshire CCG and Royal Berkshire Foundation Trust (RBFT) who are not part of the ICS as well as with FHFT, as RBFT are currently the main provider of acute ophthalmology services to both CCGs.</p> <p>It was noted GP's would reasonably not want to have different clinical pathways</p>	

	<p>for RBFT and FHFT; SS confirmed the clinical model is the same and was designed with both providers.</p> <p>The paper clearly demonstrates the complexity of the service and requires clear millstones with risks, issues and alignment to future provision options which need to be included in a fully costed Business Case. The future state operating model was not presented to the committee due to incomplete provider data.</p> <p>The committee agreed that the team continue to work with all providers on an alliance model and that this would include engagement from partners in West Berkshire.</p> <p>Concerns were raised on the requested approval points in the paper particularly the options appraisal, how it was scored and demonstrating the outcome of the preferred option for a business case. It is essential that the business case objectively sets out the options for the future state, including activity and financial implications which must also reflect the impact on current and future providers – risks and issues need to be clearly articulated to ensure informed decisions are made at a local and ICS level.</p> <p>The chair summarised the decision made by the committee and praised the work of the CCG and wider clinical teams in the development of the clinical pathways. The committee approved the overarching clinical intentions in the paper and support the team to work towards a fully integrated model with full provider engagement with a view to a Business Case being presented to the Committee in March which clearly sets out the future state and is accurately costed to enable a decision to be made. The team will need to ensure the Business Case is mutually agreed and goes via all acute providers’ governance routes for sign off.</p> <p>March 2020 is the suggested go live date; it was suggested in next few months the committee need to see options appraisal developed into a Business Case back for agreement.</p> <p>ACTION: Ophthalmology Business case to brought back in March</p>	<p>SS</p>
<p>7</p>	<p>GI Business Case</p>	
	<p>The chair informed the committee this Business Case has been approved via the ICS Reducing Variations Group and is present to the committee for information. The programme is ICS funded, if savings are delivered there is an expectation the CCG will pick up the 19/20 costs.</p> <p>Concerns were raised over the duplicate payments as primary care are ordering the tests. It was noted this is in a block contract. The pathways in appendix 9 are live and been approved via various governance routes.</p> <p>The c£512k is not in the CCG QIPP and needs to be included as c£144k investment and c£127k savings pro rata with a net benefit of c£369k.</p> <p>DF will speak with Ollie White to plan how future year’s impact on individual</p>	

	<p>CCG's from ICS Business Cases are reported back to local CCGs. ACTION: DF to speak with Ollie White on ensuring future year's impact is reported back from the ICS to local CCG Boards.</p>	DF
9	Winter Expenditure Plan update	
	<p>The Winter Plan is an update for the committee on winter fund expenditure; the decision on funding distribution has been delegated to Primary Care Operational Group with formal sign off at Business Planning & Clinical Commissioning.</p> <p>The committee wanted assurance the plan is aligned to population need and pressures, with proportionately funded to that area and not done on soft data alone from the providers. RW confirmed funding is distributed based on data from the providers along with population need; the outcomes are measured against improving flow into the system, quality and safety.</p> <p>Discussions took place around the BHFT community Beds Reconfiguration Pilot funding of £75k and if this would be a business as usual commissioning that the CCG will need to plan for, it was noted this was one off funding to cover training, BHFT may ask for additional funding but it is expected to be a smaller amount. It was suggested for a place holder under the plan for some spend within the plan becoming recurrent, by the end of February 2019 there will be a better understating of what services will be recurrent.</p> <p>The committee supported the plan.</p> <p>MK suggested for 19/20 winter planning to ensure there is more capacity for routine appointments for the complex cases and elderly. Anticipatory care will be part of the year investment.</p> <p>It was noted for the out of hospital work that is due to commence in the summer of 2019, practice feedback is needed from primary care into forming the solution.</p>	
10	Care Home Project update	
	<p>CK has more detail to include within the paper and will circulate the updated paper to the committee.</p> <p>There is 1 technician and 2 pharmacists seeing care home patients and carrying out waste audits, one care home was reported of c£6k waste. £153k is medicine wastage alone, this figure will decrease year on year due to improved system of medicines management within the care homes.</p> <p>Medication review savings for Ascot Grange care home for the year is c£5,193. Of the 2100 patients across East Berkshire there should be an 80% reduction of waste with average savings of £193 per person within the year. The team are on course to deliver on their targets that was presented to the committee in February 2018. The spend on recruitment is less than originally proposed due to not appointing a band 7 pharmacist or an administrator along with 47% funding received from NHSE towards the 3 posts.</p> <p>The main factor for wastage reported is over ordering, the team are trying to support care homes to work on a 28day ordering cycle.</p>	

	<p>There will be financial savings towards the QIPP for 19/20, CK is the process of exploring the options of who will the care homes team as this should not be hosted by the CCG, CK is liaising with Karen Hampton from NEH&F CCG on a solution.</p> <p>CK is exploring how to capture the data savings and adverse hospital admissions in East Berkshire, this has been piloted in NEH&F who received ICS funding.</p>	
<p>13</p>	<p>Business Planning ToR</p>	
	<p>FSB informed the committee concerns were raised by Audit Committee on a lack of planning for procurement and STW.</p> <p>The following have been included with the ToR to provide assurance back to Audit Committee :</p> <ul style="list-style-type: none"> • To ensure system commissioning decisions are considered with enough time to plan for robust engagement and planning for the continued provision of care which will improves outcomes and is aligned to system priorities and effectively uses NHS resources. • To ensure that an up to date register is kept which lists all contracts where there is a fixed end date. <p>The committee approved the additions.</p> <p>Discussions took place around the delegation from Business Planning & Clinical Commissioning to the CYP Joint Commissioning Board, it was noted this is within the Scheme of Delegation however the committee name change has not been reflected.</p> <p>ACTION: DF to update the name change of the CYP Board in the Scheme of Delegation.</p> <p>The committee agreed to amend the delegated decision making responsibilities from Business Planning & Clinical Commissioning to the CYP Joint Commissioning Board to the following:</p> <ul style="list-style-type: none"> • To oversee the work of the Children and Young People’s Transformation Programme Board. <p>ACTION: To amend the ToR as above and return to Anshu Varma.</p>	<p>DF</p> <p>ZD</p>

Next meeting:

Tuesday 19th March 2019 9:30am – 12pm
Board Room, King Edward Hospital, St Leonards Road, Windsor, SL4 3DP