



**Business Planning & Clinical Commissioning**  
**Tuesday 19<sup>th</sup> March 2019**  
**9:30am -12pm**  
**King Edward Hospital, St Leonards Road, Windsor, SL4 3DP**  
**Chair – Sarah Bellars**

<b>Present:</b>	<b>Initials</b>	<b>Job Title &amp; Organisation</b>
Sarah Bellars	SB	Director of Nursing & Quality, EB CCG
Huw Thomas	HT	WAM GB GP, EB CCG
Debbie Fraser	DF	Deputy Director of Finance, EB CCG
Jackie McGlynn	JMG	Locality Lead for B&A, EB CCG
Nithya Nanda	NN	GP, GB Member, EB CCG
Azma Ali	AA	GP, GB Member, EB CCG
Mike Connolly	MC	Lay PPI for Slough, EB CCG
Lalitha Iyer	LI	Medical Director, EB CCG
<b>In Attendance:</b>		
Zara Devine	ZD	PA- Director of Strategy & Operations & Director of Nursing
Rachel Wakefield	RW	AD of Urgent & Emergency Care, EB CCG
Sangeeta Saran	SS	AD of Planned Care & Slough, EB CCG
Nadia Barakat	NB	AD of Mental Health, LD, Children & Families, EB CCG
Ben Cox	BC	Commissioning Service Improvement Manager Urgent & Emergency Care
Brian Siwela	BS	Commissioning Service Improvement Manager – Urgent & Emergency
Kavitha Anand	KA	Snr Service Improvement Manager Planned Care, EB CCG
Dr Sabia Shaik	SS	GP Lead for Paediatrics, EB CCG
Dr Jo Philpot	JP	Consultant Paediatrician, FHFT
<b>Apologies:</b>		
Jim O'Donnell	JOD	Locality Lead for Slough, EB CCG
Helen Single	HS	AD of Strategy & Operations & Bracknell, EB CCG
Fiona Slevin-Brown	FSB	Director of Strategy & Operations, EB CCG
William Tong	WT	Clinical Chair, EB CCG

<b>Agenda Item</b>	<b>Item</b>	<b>Action Owner</b>
	<b>Introduction</b>	
<b>1</b>	<b>Welcome and Apologies</b>	
<b>2</b>	<b>Conflicts of Interest</b>	
	No new conflicts were recorded.	
<b>3</b>	<b>Minutes of the last meeting</b>	
	The minutes of the last meeting held on 15 <sup>th</sup> January 2019 were agreed as an accurate record.	
<b>4</b>	<b>Action Log</b>	
	The action log was updated accordingly.	
	SS highlighted issues relating to action Jan E - Ophthalmology Business Case. RBH provide the majority of the Ophthalmology services for East Berkshire	



	<p>patients, Frimley provide c10% of the services for East Berkshire. Clinicians and RBH were in agreement to implement the Surrey model to help transform the service. There was a discussion about the progression of the transformation, the clinicians in the room reaffirmed feedback from members meetings that they were supportive of ensuring that a redesigned model was supported and that access for local populations was an important consideration.</p> <p>The chair supported the clinical rationale and suggested SS discuss next steps with FSB and what the next steps needed to be in order to progress towards a Business Case.</p> <p><b>ACTION: SB to update FSB on Ophthalmology service model, FSB to advise next steps.</b></p>	<b>FSB/SB</b>
<b>5</b>	<b>MSK Position update</b>	
	<p>The proposal is for first contact practitioners to work alongside the current providers to provide an equitable service across East Berkshire.</p> <p>The triage service has had positive feedback, it was suggested to evaluate the service as it was noted the current service is not accessible for all East Berkshire patients. KS informed the committee conversations have taken place with Active Solutions on how to scale the service across the ICS, they have provided a proposal.</p> <p>The team will review the service within the next 6months; the service offer may be changed to ensure accessibility across East Berkshire.</p> <p><b>ACTION: To review the current MSK services by September 2019 to ensure they are equitable and accessible across East Berkshire.</b></p> <p>Discussion took place around the value of long term data to review the effects the triage service will have on secondary care, concerns were raised over the potential delay into secondary care. It was noted data is available from 2014 and will be included in the business case that will be presented back to the committee in September 2019.</p> <p><b>ACTION: To include the long term data in the MSK Business Case and bring back in September.</b></p> <p>The committee approved the recommendation.</p>	<b>KS</b>
<b>6</b>	<b>Gynaecology Business Case - Benefits</b>	
	<p>SS informed the Business Case has been approved, the committee were asked to note the benefits which will go into East Berkshire 19/20 QIPP.</p> <p>The RTT waiting times for Gynaecology are being breached; this Business Case should support and improve the waiting times. Oxford are closing down their Gynaecology service and will write to Frimley Park formally to notify them.</p> <p>It was suggested two consultants are needed in East Berkshire, with the additional consultant based at Frimley Park.</p>	
<b>7</b>	<b>Paediatric Hotline Review</b>	



	<p>The Hotline has been in place since May 2018 and is due to end in May 2019 the service is provided by consultants at Wexham Park , the committee were asked to consider an extension to the service.</p> <p>Data shows a high proportion of under 19's access the same day urgent care, 14% of the children are from Buckinghamshire but no financial contribution is made to the service costs. It was agreed if the pilot is extended Bucks CCG will be approached for funding.</p> <p>B&amp;A have had a 28% increase in out patient referrals, practices that do not use the service need to be targeted. The service has had positive feedback form clinicians who use it.</p> <p>NN raised concerns over the delay in calls being answered by the consultants around 10minute waits. JP informed the committee there is only one phone, if the line is engaged it is due to a consultation taking place. There is a capacity issue, the service demand increases in the early evenings. It was noted the savings show in the QIPP for Slough and WAM would be offset by Bracknell &amp; Ascot. JP advised that 9 out of 10 calls prevented children and their parents from requiring acute attendance.</p> <p>JMG raised concerns over the current service as she believes it does not meet the needs for Bracknell &amp; Ascot patients. The location concerns were raised when the case was presented in May 2018 with the suggestion of a Frimley service but this has not been implemented. GP's still have to contact Frimley to access the consultant therefore are not using the phone line as this is a duplication of work. JMG wanted assurance the review would address the concerns for Bracknell patients and include a timeline with outcomes.</p> <p>JP informed the committee urgent appointments for Bracknell have increased by 29% which could be avoided if the phone line was used.</p> <p>JMG informed the committee the Bracknell GP members would not support an additional 12months of the pilot unless measure can be put in place for a service at Frimley.</p> <p>LI praised the service however raised concerns over the waiting times and suggested administrative support would help with capacity issues. SB asked the committee to consider the recommendations highlighted some of the key points made by JP, the majority of the practices found the service to be positive from a GP perspective and from the experience for children and their parents with 9 out of 10 not requiring an acute attendance the service is positive</p> <p>The committee agreed to the recommendations in the paper with the proviso that a clear timeline is identified ensure that the arrangements for B&amp;A are reviewed.</p> <p>SB acknowledged the challenges on both the trusts side and Bracknell and Ascot, a review of the service is needed to address the issues for both parties</p>	
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	<p>to ensure the continuation of this positive service.</p> <p>LI suggested to engage more with practice and educate GP's to help reduce out patient referrals by using the hotline.          SS highlighted the work done on the dermatology service and offered to work with the urgent care team to address the Bracknell &amp; Ascot issues. JMG was in agreement due to the success of the dermatology service for Bracknell.  <b>ACTION: SS to support the urgent care team on the Paediatric Hotline service to ensure measures are in place for Bracknell &amp; Ascot access.</b></p> <p>It was suggested to also review the service at 6months for the Bracknell &amp; Ascot concerns.  <b>ACTION: Review the Paediatric Hotline service at 6months</b></p> <p>The committee agreed the extension in principle noting the measures needed for Bracknell &amp; Ascot to ensure equability across east Berkshire.</p>	<p><b>SS</b></p> <p><b>RW</b></p>
<p><b>8</b></p>	<p><b>CHC Turnaround Programme</b></p>	
	<p>SB informed the committee the paper is requesting additional funds until April 2019 a full service Business Case will be presented at April Governing Body as the amount needed exceeds the approval limit for Business Planning Committee to sign off.</p> <p>An additional £140k to continue the current programme.</p> <p>The committee approved the additional spend of £140k for the CHC turnaround programme until 30<sup>th</sup> April 2019.</p>	
<p><b>9</b></p>	<p><b>CYP LTP</b></p>	
	<p>NB presented and summarised the three papers:</p> <p><u>Paper 3 is ADHD All age hub</u>          A scoping exercise was completed in January 2018, historically the services have received extra money to manage the waiting lists.          The CCG are working with stakeholders to review the options to work up a new model by September 2019.</p> <p>Procurement has taken place and the contract was awarded to Attain, work will commence in March 2019 with clear recommendations to be made.  <b>ACTION: Bring back the recommendations from the Attain Report in July 2019</b></p> <p><u>Paper 2 LTP</u>          The LTP has been presented previously to the committee; the proposal is to continue with contracts indicated in the paper for 19/20 to ensure there is no gap in service and ensure the key outcomes of the LTP are met whilst the early intervention plan is being worked up.</p> <p>The committee approved the recommendation to continue services set out in the paper.</p>	<p><b>JF</b></p>



	<p>The committee raised concerns over children who do not receive a diagnosis and what support is available for the parents and children.  <b>ACTION: JF to provide an update on what services are available for the parents and children who do not receive a diagnosis.</b></p> <p>Due to the reduction in spend from the Local Authorities into Health visitors there has been an increase into CAMHS, the LTP Group are working together with Local Authorities to address this.</p> <p>The Young People’s Health Champions did a mystery shop on services, Kooth received mixed feedback. Discussions took place around what services would be available in September once the 6month extensions expire.  <b>ACTION: JF to bring back the Early Intervention Plan and phase 2 of the investment strategy including the spend of the £700k.</b></p> <p>DF raised concerns on the smaller contracts that require a STW noting they were extended last year with concerns the procurement process is not being followed.</p> <p>The Committee approved the recommendations.</p> <p><u>Current year underspend</u>      In 18/19 increased funding was identified in year, leaving an underspend, the paper outlines a proposal for unitisation into 19/20 on 7 areas.      The National target to increase access to Mental Health service for children is 32%, the CCG are at 19% it was noted there is an issue with data from Berkshire Healthcare and the voluntary sectors who cannot flow data into national data set, and this will be addressed in the plan.</p> <p>It is proposed for an independent review to be carried out on all CAMHS services.      The funds are non-recurrent; using the funds to carry out a review on CAMHS services will aid the transformation work.      The funds have to be spent in year for 18/19.  <b>ACTION: NB to work with Jonathan Pettit to ensure the funding allocation for the CAMHS reviews are spent in year.</b></p> <p>Discussions took place around the cost of IAPTS training and how to retain staff after they have completed the training, it was suggested for a clause to be included whereby if individuals leave in a certain timeframe they have to pay back the training costs, it was noted this is not feasible.</p> <p>NB informed the committee she would support all of the projects proposed, the committee wanted assurance the independent review would provide different findings to those carried out previously. The committee were assured the independent review would provide different findings as it will be across all organisations and partners not just the provider.</p> <p>Discussions took place around investing funding to reduce the waiting list, it was noted due to the funds needing to be spent in year it would not be possible to employ additional staff before year end.</p>	<p><b>JF</b></p> <p><b>JF</b></p> <p><b>NB</b></p>
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	<p>The committee supported the £155k spend and suggested for the LTP Group to rank the suggestions on prioritisation in the instance that all of the funding cannot be spent in year.</p> <p><b>ACTION: CYP LTP Group to advise on spending prioritisation of the 7 projects.</b></p>	<b>JF</b>
<b>10</b>	Reducing Variation Minutes	
	The committee noted the minutes.	

**Next meeting:**  
**Tuesday 16<sup>th</sup> April 2019 9am-12pm**  
**Board Room, King Edward Hospital, St Leonards Road, SL4 3DP**