NHS
Aylesbury Vale
Clinical Commissioning Group

NHS
Chiltern
Clinical Commissioning Group

AYLESBURY VALE AND CHILTERN CLINICAL COMMISSIONING GROUPS
GOVERNING BODIES (meetings in common in public)
14 December 2017, 10:30am
Jubilee Room, Aylesbury Vale District Council Offices, Aylesbury, HP19 8FF

Governing Bodies Members Present:		
Dr Graham Jackson (Chair)	GP Clinical Chair (Aylesbury Vale CCG)	**GJ**
Dr Raj Bajwa	GP Clinical Chair (Chiltern CCG)	**RB**
Lou Patten	Chief Officer	**LP**
Dr Karen West	Clinical Commissioning Director Integrated Care	**KW**
Dr Rebecca Mallard-Smith	Clinical Commissioning Director Unplanned Community Care	**RMS**
Robert Majilton	Deputy Chief Officer	**RM**
Paul James	Interim Chief Finance Officer	**PJ**
Tony Dixon	Lay Member (Deputy Lay Chair) Chiltern CCG.	**TD**
Robert Parkes	Lay Member (Deputy Lay Chair) Aylesbury Vale CCG.	**RP**
Ross Carroll	Lay Member	**RC**
Colin Seaton	Lay Member (Patient and Public Involvement)	**CS**
Crystal Oldman	Registered Nurse	**CO**
Dr Robin Woolfson	Secondary Care Specialist Doctor	**RW**
Debbie Richards	Director of Commissioning and Delivery	**DR**
In attendance		
Russell Carpenter	Corporate Governance Lead (minute taker)	**RCa**
Dr Juliet Sutton	Clinical Director, Children and Young People (item 5)	**JS**
Nicola Lester	Director of Transformation (item 10)	**NL**

1.	**Welcome & Apologies**	**Lead**
	The Chair Dr Graham Jackson (GJ) welcomed the Governing Bodies members and members of the public. **Apologies received:** • Graham Smith, Lay Member (Chair of Primary Care Commissioning Committee)	
2.	**Declarations of Interest in items on this meeting's agenda**	
	The Chair Dr Graham Jackson (GJ) reminded the meeting of obligations to declare any Conflict of interest they may have on any agenda items. GJ noted that declarations previously made by members of the Governing Bodies are listed in the CCG's Register of Interests published on the CCG websites with these links provided on the agenda. GJ noted mitigations required aligned to items on the agenda:	

Accountable Care System Process for decisions on transformation funding	GPs remain, can take part in discussion as process decision/delegation, but not counted towards quorum on decision for avoidance of doubt. Robert Parkes chairs.
Direct Awards Scheme	GPs remove themselves from discussion and

	decision but can remain in room as in public. Robert Parkes chairs.

Resulting quorum arrangements are as follows:

Quorum Requirement	**Accountable Care System; Process for decisions on transformation funding**	**Direct Awards Scheme**
Chair from either group (or deputy lay Chair)	RP	RP
Accountable Officer or Chief Finance Officer	PJ	PJ
3 clinicians (1 of which must be a registered nurse or specialist hospital doctor and one must be a GP). Where GPs are conflicted in the decision, the meeting will be quorate with 3 clinicians and no GP.	LP RW CO	LP RW CO
Two lay members	TD GS RC	TD GS RC

3. Questions from the public

You will be aware of proposals for a new primary care practice in Buckingham Although the community in Buckingham is supportive, there are concerns with a request that appropriate stakeholder engagement is carried out before any plans are confirmed, especially if it means there is no longer a town centre presence which would affect patient flows of elderly and disabled/wheelchair using residents, and prescribing given existing pharmacies are town centre located. Details provided to date is finance lead with assumptions about transport implications which also need further consideration.

LP replied that the Swan Practice had been required to submit as business case to ensure any future proposals are financially viable. When we have a clearer description and understanding of future services then we, as commissioners, have a statutory obligation to consult with patients on this as a service change. The Health and Adult Social Care Select Committee is to be further updated on this with further detail at its next meeting in January 2018.

LP noted that there is strong community cohesion in Buckingham and its surrounding villages. So we are committed to a pragmatic approach whereby a small working group including community representatives such as town and county councillors, can work with us to align with our intention to test any subsequent proposals including infrastructure implications. Future formal consultation will then be carried out with full transparency.

Can it be ensured that this process is appropriately described?

This will be reported through HASC in January and we will ensure this is also

	reported back through the governing bodies and on our websites. The communications team will also do some additional communications in recognition that some of the community does not have internet access. **Actions** **(a) Additional response to question from the public included in minutes** **(b) Papers to HASC to describe process for Buckingham primary care practice re-location consultation to also be published on CCG websites.**	**LP (RCa)**
4.	**Minutes of the meeting held on 14 September 2017, Action Log and Matters Arising**	
	4.1 Minutes – 12 October 2017 Agreed as an accurate record. **4.2 Action Log –** It was noted that all actions have been updated within the separate action log and proposed closure. This was agreed. **4.3 Matters arising –** None were raised.	
5.	**Clinical Directors presentation (including Patient Experience)**	
	The meeting was attended by: • Dr Juliet Sutton, Clinical Director, Children and Young People (C&YP) Who talked through an update on children's services in Buckinghamshire. LP noted her thanks on behalf of the governing bodies; this area year on year delivers demonstrable change. After the presentation, the meeting was opened to questions. Autism Spectrum Disorder (ASD) Attention Deficit Hyperactivity Disorder (ADHD) pathways >50 % increase from 2012 in statements or Education, Health and Care (EHC) plans for C&YP with ASD. TD queried why this had happened. JS replied that there was a number of reasons including greater awareness of and seeking of diagnosis. Schools are also more aware. Whether there is truly an increase it is difficult to say. **Action: CO queried whether criteria include transition from CAMHS to adult mental health services. JS confirmed it - CO suggested a free online resource developed by QNI would be useful. CO to provide link to online resource.** DR noted that preparations are underway with Local Authority for a Support for children with special educational needs and disabilities (SEND) inspection, which will measure us against this work programme. JS noted Sarah Tilston, our designated nurse, has been looking at this with a self-evaluation framework completed, with a proactive plan developed for areas where we are not so effective and need to improve. There are areas of notable improvement around dialogue and education. CS queried whether the inspection itself covered transition between child and adult mental health services and related referral process. JS replied there is a transition working group looking at this. Areas of strength and weakness are certainly taken into account.	**CO (RCa)**

	Leadership Reports	
6.	Accountable Officer's Report (including update on system working) • Primary Care 24/7 • Mandeville Practice	
	LP introduced this report, focusing on developments with the ACS including recent development days and visits, the latter helping sell the story of what we are doing. First wave leaders also visited 10 Downing Street to meet the Prime Ministers advisor. We now need to look at resources and their focus, which may mean different staff alignment to provider collaborative rather than historic working in silos. We are also in final stages of merger. LP is also taking interim role as Accountable Officer for Oxfordshire. LP noted this is the direction of travel with a precedent elsewhere. Backfill arrangements are in place. GJ reflected this was a great opportunity and RM's position as deputy AO is well established and that there has been reflection on the impact for backfill. We also have a strong workforce to see us through future change. LP also noted: 1. A decision has not yet been reached on a procurement for Mandeville Practice in Aylesbury 2. A decision on contract award for primary care 24/7 access cannot yet be confirmed given a standstill period post a confidential decision to award. **Action: The status of both Primary Care 24/7 and Mandeville Practice procurements to be reported at the next meeting in January.**	**LP/NL**
	Assurance and Governance	
7.	**Finance Report (Month 7)**	
	PJ introduced the item; the target for year end is £125,000 surplus. We have identified risks which are described in the report. A recovery plan remains in place. This is not a sustainable recurrent position; details shown in Appendix 2. There has been lengthy discussion at the Finance Committee and Audit Committees. We retain a £16.8m deficit forecast if our recovery plan is not received. We continue to monitor CHC spending and are considering options on capitalising assets to support our year end position. TD queried in relation to 18/19 when we will be identify the issues to report to governing bodies. It was agreed to take a presentation on this to the next Finance Committee. RC queried further action in relation to the recurring challenge and referred to 7% growth in activity – is this just natural increase in demand? On CHC, how solid is the revised savings forecast? PJ replied both these points will be further discussed by the Finance Committee. KW added that if there is a future funding available as a system through ACS development we must take all reasonable steps to utilise it. RM concluded that we do remain an outlier on a number of indicators with activity on contracts much higher than peers. We will need to continue monitoring though the Finance Committee to demonstrate as a system we have a grip.	

8.	**Quality and Performance Report (Month 7)**	
	Presented by Robert Majilton (verbal update). RM noted ongoing challenges with A&E performance. A useful presentation had been presented to Health and Wellbeing Board which was detailed and gave excellent assurance on winter. It remains an extremely difficult period with significant ambulance handover delays up to 27 hours. DR added that the next few weeks will be crucial in making changes to help their front door processes. Delayed Transfer of Care have reduced, which is fantastic in terms of joint working arrangements. RM concluded 60% of Wexham Park attendances on Monday this week were from Buckinghamshire. GJ queried how this relates to normal; DR replied this is normally around 40%, which shows the importance of community transformation. LP queried progress with GP triage and how this is impact ambulance transfer rates as this is not in the report. DR replied this has not improved nor worsened, and will be included in reporting to the A&E Delivery Board later this month. LP asked to ensure this is added to governing body reporting. RMS also noted that ambulance delays were also driving Operational Pressures Escalation Levels Framework (OPEL) level 4 (the highest level). RB noted properly unplanned care pathways with rapid response would offer benefits across the system.	
9.	**Accountable Care System** **a) Process for decisions on transformation funding – delegated authority to enable the ACS Partnership Board to approve plans as well as proposals to NHSE for the use of transformation funds.**	
	GJ noted the conflicts of interest mitigations and handed chair to RP. PJ introduced the item and described the paper in order to receive £2.4m of transformation funds. LP added that in the longer term the Partnership Board will have a clear plan, priorities and principles for how the plan and priorities have been met so that delegation of the process makes complete sense. TD queried how progress would be reported back to the governing body. PJ replied that bringing the ACS Finance Report would outline how the transformation funds have been used. RM clarified the CCGs hold the money so it would be in our finance report anyway. RMS queried how CCG clinicians are able to assure ourselves that the ACS Partnership Board is spending the money in the way we would want. LP replied the system plan has to be watertight to manage our priorities. The clinical element comes back to wider work on clinical leadership across the ACS. RB added that we would want to understand why decisions had been made. RM replied that we have had to provide assurance to NHS England that our proposals are value based which has to link with our system clinical leadership. TD queried governance given we manage the money but others are responsible for spending it, how we assurance ourselves that it is spent widely. LP replied we host the money. PJ added the ACS Plan would need to be scrutinised by the governing body and other statutory organisations which would provide the assurances requested. RM added we are also learning from the experiences of the national vanguards in terms of their equivalent arrangements. RP suggested further consideration of this through the Finance Committee. GJ noted the supporting paper answers a number of other queries.	

10.	**Direct Awards Scheme**	
	RP continued as chair of the meeting. NL introduced the item and described the supporting paper – with escalation to Governing Bodies for decision as the value of the scheme is above the threshold of delegation to PCCC. RP queried whether recommendation level up or levelled down the value of awards available. NL replied this it levelled across – Chiltern practices had been allowed selection from a list, so not all services were taken up by all practices. Aylesbury offered a bundle which meant practices had to take all that were offered. Adopting this practice across both CCGs would enhance coverage, although as a whole this isn't particularly transformational. RM noted discussion at PCCC that transition to bundle across both is a clear recommendation for suitability rather than variation. The paper does also state there would be no budget uplift; PCCC agreed to keep this under review. LP queried whether there was an additional cost implication from the bundling approach. RM replied that the value of £1,813m is aligned to current forecast with some room for manoeuvre. DR queried the impact on patients; i.e. what it would mean if practices did not take part. LP replied we are responsible to ensure patients are protected – we would have to ask other practices to cover provision. This is a way to proactively encouraging greater participation. The scheme was agreed.	
11.	**Counter Fraud and Bribery Policy**	
	RM noted it has been approved by Audit Committees. TIAA (business assurance specialists) as our counter fraud provider has drafted. The policy was ratified. GJ noted this was his last Governing Body meeting as chair and thanked colleagues for their support.	
	For Information/Ratification/Reading List	
12.	**For Information/Reading List**	
	All Approved Minutes provided within papers were noted.	

Acronyms

A&E	Accident and Emergency	KLOE	Key Lines of Enquiry
ACHT	Adult Community Health Team	LMC	Local Medical Committee
ACO	Accountable Care Organisation	LPF	Lead Provider Framework
ACS	Accountable Care System	M	Million

AF	Atrial Fibrillation	MAGs	Multi Agency Groups
AGM	Annual General Meeting	MCA	Mental Capacity Act
AQP	Any Qualified Provider	MCP	Multi-speciality Community Provider
AT	Area Team	MK	Milton Keynes University Hospital Foundation Trust
AVCCG	Aylesbury Vale Clinical Commissioning Group	MCP	Multispecialty Community Provider
BAF	Board Assurance Framework	MusIC	Musculoskeletal Integrated Care
BCC	Buckinghamshire County Council	NHSE	NHS England
BCF	Better Care Fund	NHSi	NHS Improvement
BAF	Board Assurance Framework	NOAC	New Oral Anticoagulants
BHT	Buckinghamshire Healthcare Trust	OCCG	Oxfordshire Clinical Commissioning Group
BAME	Black and Minority Ethnic	OOH	Out of Hours
BPPC	Better Payment Practice Code	OUH	Oxfordshire University Hospitals NHS Foundation Trust
CCCG	Chiltern Clinical Commissioning Group	OPEL	Operational Pressures Escalation Level
CDIF	Clostridium Difficile	PACS	Primary & Acute Care Systems
CFO	Chief Finance Officer	PAS	Patient Administration System
CHC	Continuing Health Care	PB	Programme Board
CIP	Cost Improvement Programme	PBR	Payment by Results
COI	Conflict of Interest	PIRLS	Psychiatric In Reach Liaison Service
COPD	Chronic Obstructive Pulmonary Disease	PLCV	Procedures of Limited Clinical Value
CPA	Care Programme Approach	PMS	Personal Medical Services
CQC	Care Quality Commission	POD	Point of Delivery
CQRM	Contract Quality Review Meeting	POG	Programme Oversight Group
CQUIN	Commissioning Quality & Innovation	PPE	Patient & Public Engagement
SCWCSU	South Central and West Commissioning Support Unit	QIPP	Quality, Innovation, Productivity & Prevention
CSIB	Children's Services Improvement Board	QIS	Quality Improvement Scheme
CSP	Care & Support Planning	QOF	Quality & Outcome Framework
CSR	Comprehensive Spending Review	QNI	Queens Nursing Institute
CSU	Commissioning Support Unit	PCCC	Primary Care Commissioning Committee
K	Thousand	RAG	Red, Amber, Green
DES	Directly Enhanced Service	RBH	Royal Berkshire Hospital
DGH	District General Hospital	RCA	Root Cause Analysis
DOLS	Deprivation Of Liberty Safeguards	REACT	Rapid Enhanced Assessment Clinical Team
DST	Decision Support Tool (CHC)	RRL	Revenue Resource Limit

EDS	Equality Delivery System	RTT	Referral to Treatment
EOL	End of Life	SCAS	South Central Ambulance Service
F&F	Friends and Family	SCN	Strategic Clinical Network
FHFT	Frimley Health Foundation Trust	SLA	Service Level Agreement
FOT	Forecast Outturn	SLAM	Service Level Agreement Monitoring
FPH	Frimley Park Hospitals NHS Foundation Trust	STP	Sustainability & Transformation Plan
GB	Governing Bodies	SUS	Secondary Uses Service
GMS	General Medical Services	TOR	Terms of Reference
HASC	Health and Adult Social Care Select Committee	TV	Thames Valley
HASU	Hyper Acute Stroke Unit	TVN	Tissue Viability Nurse
HETV	Health Education Thames Valley	TVPC	Thames Valley Priorities Committee
HWBB	Health & Wellbeing Board	UECN	Urgent Emergency Care Network
ICS	Inhaled Corticosteroids	YTD	Year to Date
ICU	Intensive Care Unit	TVPC	Thames Valley Priorities Committee
IFR	Individual Funding Request		
IG	Information Governance		