

NHS Bedfordshire Clinical Commissioning Group

DRAFT MINUTES

Minutes of the meeting of the NHS Bedfordshire Clinical Commissioning Group Governing Body held in public on 26 January 2017, at Kings House, 245 Ampthill Road, Bedford, commencing at 14.00 and concluding at 16.34.

Members Present

Dr Alvin Low*	Clinical Chair	AL
Matthew Tait*	Accountable Officer	MT
Dr Chris Marshall*	Locality Chair – Leighton Buzzard	CM
Emma Barter*	Locality Chair – West Mid Beds	EB
Dr Sanjay Sharma*	Locality Chair – Chiltern Vale	SS
Dr William Hollington*	Locality Chair - Ivel Valley	WH
Dr Ratan Das	Deputy Chair – Bedford Locality	RD
Dr Robert Sherwin*	Secondary Care Clinician	RS
Alison Borrett*	Lay Member – Patient and Public Engagement	AB
Roland Ginn*	Lay Member – Finance and Performance	RG
Heather Moulder*	Registered Nurse	HM
Ben Jay*	Chief Finance Officer	BJ
Ian Brown*	Assistant Director of Public Health	IB

*voting member

Others in attendance

Diana Blackmun	CEO Healthwatch, Central Bedfordshire	DB
Donna Derby	Director of Commissioning and Performance	DD
Clare Steward	Director of Strategy and Transformation (Interim)	CS
Jane Meggitt	Director of Communications and Corporate Affairs	JM
Anne Murray	Director of Nursing and Quality	AM
Jill Hall	Head of Corporate Governance (Interim)	JH

1.	Welcome and Introductions	
2.	Apologies for absence / changes in membership	
	Apologies for absence were received from Muriel Scott, Director of Public Health who was replaced by Ian Brown, Assistant Director of Public Health for this meeting only; Hein Scheffer, Director of Workforce; Dr David Howard, Locality Chair and Saqhib Ali, Lay Member.	
3.	Declarations of Interest	
	There were none.	
4	Conflicts of Interest Register	
	Dr Alvin Low reported that he was a partner at his practice and not a member.	

4.	<p>Minutes of the meeting held on 24 November 2016 were approved as an accurate record of the meeting subject to the following amendments:</p> <ul style="list-style-type: none"> • Apologies for Absence, add Dr Robert Sherwin, Secondary Care Clinician • Item 17 East of England Ambulance Service Presentation – HM suggested the minutes be amended to include more in-depth information on the discussion that took place on improving performance, patient safety – minutes were amended accordingly; 	
5.	<p>Action tracker</p> <p>All actions were either complete or on the agenda:</p> <p>GB069 – MT updated that the OD plan was still work in progress following some internal debate and challenge. It was noted that the OD 'plan on a page' was being submitted to the next Integrated Commissioning and Quality Committee (ICQC) for review and assurance. A decision would be taken as to whether the plan would be submitted to the Governing Body or be monitored by the ICQC and reported up via the Sub-Committee report.</p> <p>GB091 – It was agreed to close this action and a copy of the workforce report be circulated to Board members.</p> <p>East & North Herts 52 week breach – A report was being submitted to the ICQC meeting in February. Item was duly closed.</p> <p>Case Review Panel – A report was being submitted to the Governing Body meeting in March 2017.</p> <p>Request for MSK to be added as an agenda item – Report to be brought to the March Governing Body meeting.</p> <p style="text-align: center;">Action: Director of Commissioning and Performance</p>	
6.	<p>Report of the Chairman</p> <p>The Governing Body received the report of the Chairman which provided an update on the work of the Chairman since the last meeting of the Governing Body, in particular it was noted that:</p> <ul style="list-style-type: none"> • A development plan for the Governing Body was being prepared and aligned to the board effectiveness review carried out last year and would include other topics identified; • RS asked for an update on the STP following the meeting held on 18 January with Mark England, Chief of Staff for the STP and Emma Goddard, Programme Director. It was noted that a number of subjects were discussed, including: clinical content, developing themes to engage with general practice as well as wider clinical groups, in particular the population health management concept starting with the health needs of patients in nursing homes, particularly GPs working in an anticipatory and targeted way towards this group to ensure better outcomes resulting in a reduction in general practice workloads. AL also reported on the Clinical Conversation at which 100 people attended, including clinicians from general practice and hospitals and Pauline Phillips, Senior Responsible Officer for the STP. The next meeting will be held in Milton Keynes. AM raised AL's meeting with the Optum dermatology service which was being discussed by the ICQC to ensure there was alignment in the areas of concern. 	

	Further reports would be brought back to the Committee and Governing Body for assurance.	
	RESOLVED That the Governing Body NOTED the report.	
7.	Report of the Accountable Officer	
	<p>The Governing Body received the report of the Accountable Officer which provided an update on activities of the organisation since the meeting in November 2016. In particular the following was highlighted and discussed:</p> <ul style="list-style-type: none"> • Sustainability and Transformation Plan (STP) A collaborative savings plan had been established, it was noted that this was the first time that acute trusts and commissioners (CCG's) had sat together to agree a savings programme that worked across the system in terms of payment structures and incentives. • STP Engagement – It was noted that four public engagement events had been arranged, two events were in Central Beds and Bedford Borough the week commencing 30 January 2017. • STP bids for service improvement areas in diabetes, cancer and mental health had been submitted. It was noted this would be for additional funding above allocation. • Further stakeholder engagement work over the next 2-3 months would focus on the aspiration of becoming an Accountable Care Organisation and what this meant for the future of services and organisations across Bedfordshire, Milton Keynes and Luton. • It was noted that the first meeting of the Joint Commissioning Executive had taken place. Members were reminded that it had no delegated decision making powers and was made up of senior managers from across the three CCG's. The group's remit was to establish good working relationships and agree how best to work together on a number of matters. The first meeting had considered the bids noted earlier to ensure appropriate focus. A list of areas for closer working had been agreed with management leads. Referral management was raised as an example, the aim being to ensure a consistent approach and adoption of best practice. The transition from joint commissioning to delegated commissioning was also highlighted, as well as an approach to structures and support services (e.g. Business Intelligence) which ensured best value for money. It was noted that in due course a more formal sub-committee structure might begin to operate across the 3 CCGs. • Weller Wing An update was given on the move to relocate inpatient services in Weller Wing to Townsend Court, Houghton Regis. A report was being submitted to the HOSC next week. It was noted that the move was a short term solution, and further work on development of an inpatient facility for Bedfordshire to ensure the right access for the population and their needs was continuing. It was acknowledged that whilst the relocated service was better for patients, the location and access could prove challenging for friends and family. The CCG would be engaging with patients and the public on the long term provision. DD gave assurance that although Townsend Court was not in the most convenient location, the therapeutic environment was an improvement from the previous. • Managing Winter 	

MT highlighted the pressures the system had been under in Bedford over the winter and the preparation work leading up to Christmas with Bedford Hospital (BHT) and the local authorities to put additional funding and resilience into the system. It was noted that early reports indicated that the preparation had ensured the system had coped well. Assurance was given that the additional funding was not put in to achieve the 95% access target but to ensure the service remained safe. MT thanked partners for working together and to Donna Derby and her team.

DD highlighted that although BHT had not achieved the 95% A&E target it remained in the upper quartile for performance and was focused on maintaining its position. It was further noted that the Luton & Dunstable Hospital (L&D) was the only acute trust to consistently achieve the 95% target. The Governing Body congratulated the L&D on their performance. Ongoing work would be to ensure that BHT got back on track to achieve 95%.

AL reported on a frail elderly patient he had spoken to who had been treated quickly and discharged within 6 hours, she was treated with great kindness, respect and dignity. AL reported that he had written to the Chair of BHT to say thank you to all his front line staff for their hard work under very stressful circumstances.

DB referred to the relocation of Weller Wing, asking for assurance that when the CCG was looking at a permanent base, effective engagement would take place with mental health service users and their families, using both local Healthwatch groups to ensure such engagement was meaningful and gave an opportunity to contribute. In response MT gave assurance and examples of good engagement that had been undertaken around awarding the ELFT contract.

A representative from Bedford Borough Healthwatch raised a concern on the requirements of local engagement events, one of which they were facilitating, they were concerned that best practice was not being followed, a letter had been written to MT and they asked for acknowledgment that the letter and the concerns raised were being addressed. In response MT acknowledged receipt of the letter and was in the process of responding, MT felt it was disappointing that the comment was about an event that was being hosted by Healthwatch and that if they felt best practice was not being followed it would be followed up outside the meeting.

RS referred to the STP collaborative savings plan and asked for assurance that the savings would not be used by other CCG's to support activity. In response MT reported that this would not happen as it would require an agreement with NHSI and NHSE.

RS asked if due diligence had been done to understand if investing in changes to structure would deliver cost saving and patient benefit? In response MT reported that it was the responsibility of STP Priority 5 to do the due diligence and make a case, and, as a set of partners agree to move to a different model. In response to a question if this was an organisational change or system change it was noted that this was still being debated.

RESOLVED

That the Governing Body NOTED and DISCUSSED the report of the Accountable Officer.

8.	Patient Story – Carers Film	
	<p>JM introduced Diana Blackmun (DB), Central Bedfordshire Healthwatch who explained that they were here to talk about the valuable work of carers and to share a piece of work about what it meant for local people.</p> <p>DB introduced the film that had been made about the experiences and challenges faced by carers living in Central Bedfordshire. It was the fourth in the series and was available on their website. It was noted that the film was produced to showcase the ‘lived’ experiences of carers. DB explained that from feedback they received more and more free care was being provided by family and friends and it was clear that public services needed to adapt and evolve to support carers in all aspects. The film was the voice of carers.</p> <p>It was noted that due to the length of footage a separate film about young carers was being produced in March. DB reported that the National Carers Strategy 2016-2020 was due to be launched by the Department of Health shortly and in that strategy it clearly identified that more needed to be done to support carers and to ensure they lived well whilst caring for their loved ones.</p> <p>The Governing Body watched the film</p> <p>Following the film the Governing Body reiterated how powerful it was to hear these stories first hand. GP members reported what they were doing in their own practices to support carers and felt this was a message that should not be lost. DB highlighted that the film was also available as a training tool. HM welcomed that a film about young carers was being made.</p> <p>Following lengthy discussion in which it was recognised that not enough support was available for carers, the importance of the carers’ perspective into how services were commissioned was acknowledged.</p> <p>AM reported that she had just started regular meetings with parent carers and reported that one of the strong messages coming through was the number of different plans they had, and explained that through working with local authority colleagues there was a change in focus to having one plan and putting that family and child at the centre, rather than what professionals believed was needed to be delivered as a service, it was a big ambition that both the CCG and local authority had signed up to. AM stressed the importance of listening more, and felt the film was very powerful.</p> <p>DD felt that what came through on the film was that these were busy people and the themes should be used to commission services that fit their needs. DD reported that this information would be taken away and considered and, recognising that whilst we do consult with carers, we could do more to improve accessibility of services and support carers with respite care etc, DD felt that this would have an effect on other areas of the health service including A&E. It was noted that AM and DD were on the preventative element of the STP noting that it was not just the public health element, consideration needed to be giving to hard to reach and difficult to engage groups.</p> <p>AL highlighted the need for information to be available for carers and that his practice had a carers section and information available on the website, he took a personal action to liaise with CCG member practices to ensure they all offered the same information and support across the area.</p> <p style="text-align: right;">Action: Alvin Low, Chairman</p>	

	<p>DD described how she would like to link with Healthwatch to work with them on how services are commissioned.</p> <p style="text-align: center;">Action: Donna Derby to meet with Diane Blackmun</p> <p>It was agreed that an assessment against the Department of Health's Carers Strategy would be carried out to test how well the organisation was doing against the whole area.</p> <p style="text-align: center;">Action: Matthew Tait, Accountable Officer</p> <p>The Governing Body thanked Healthwatch for the video.</p>	
9	Integrated Quality, Safety and Performance Report	
	<p>The Governing Body received the regular report which provided an update on the performance of the organisation against a range of national and local indicators. In particular the following areas were highlighted and discussed:</p> <p>Performance</p> <p><u>Cancer</u> Performance against the cancer targets had deteriorated on 31-day subsequent treatment target and 62-day first treatment following GP referral.</p> <p><u>IAPT service</u> This continued to be in a deteriorating position. Initial data for December showed it would now be difficult to achieve the target for the CCG Quality Payment. There would be financial implications for this .</p> <p><u>Ambulance</u> It was noted that following a very busy December and Christmas period with the number of Category 1 calls up by around 20%, East of England Ambulance Service had maintained their performance and in Bedfordshire were achieving performance targets, however it was noted that the CCG was measured against the whole of the East of England performance.</p> <p><u>Referral to Treatment –booked elective operations</u> It was noted there were now eight specialities that were missing the target based on November data.</p> <p>DD highlighted positive areas of performance including Dementia, although the performance was still below the threshold there were incremental improvements, the issue was referral rates, it was noted that Dr David Howard and Dr Alvin Low had been looking at practice level referrals.</p> <p>In response to a question on IAPT performance it was noted that not enough people were being referred in, completing treatment and going through to recovery, therefore a detailed discussion was needed with the provider to understand the reasons. A recovery plan had been requested.</p> <p>In response to a comment on the low rates of Dementia, it was noted that there were challenges to timely diagnosis and how this could be supported. DD highlighted that other CCGs were increasing their rates and achieving over the 70% performance target, this was an area the CCG needed to improve on. IB highlighted that there was an opportunity through the Health Checks Programme to raise dementia awareness in patients aged 64-74 and added that although there</p>	

	<p>were very good quality health checks in the area dementia awareness raising was one area that could be improved.</p> <p>BJ reported that in relation to IAPT that an action plan was being developed through the contractual arrangements, this is work in progress.</p> <p>DD updated on the East and North Herts issue of uncovering records, it was noted that the number of Bedfordshire patients was very small, and gave assurance that there had been no significant impact on patients.</p> <p>AL reported that he had discussions with the cancer lead and reported that the number of referrals had increased which had highlighted capacity issues in the system and an increase of patients with co-morbidities which was a contributing factor.</p> <p>AL also reported he had met with the mental health lead and highlighted the need to network with areas that were doing better, AL reported that he would be visiting East and North Herts to look at their systems.</p> <p>Quality</p> <p><u>MRSA</u></p> <p>It was noted that there had been three MRSA cases reported during October and November, no lapses of care were identified. A further two cases were being investigated.</p> <p>It was noted that three CQC reports had been received, both Milton Keynes University NHS FT and Cambridge University NHS FT had both been re-inspected and received Good ratings. Moorfields Hospital, a sub-contractor for Bedford Hospitals for ophthalmology service, received a Requires Improvement rating, BHT as the contractors had a duty to closely monitor this and the CCG would ensure the actions are fulfilled.</p> <p>During discussion RS asked about C-Diff rates between acute and non-acute settings and if there were any themes emerging from the reviews, in response AM reported that there had been a piece of work on benchmarking which showed that against other CCGs BCCG did well. AM gave assurance that there were no themes coming out of the work and that the organisation had a very experienced infection control nurse who oversaw the work. RS asked for confirmation that Gram Negative Septicaemia would be a Public Health target, AM to confirm.</p> <p style="text-align: right;">Action: AM</p>	
	<p>RESOLVED That the Governing Body DISCUSSED the report in detail, and NOTED the actions as set out in the report.</p>	
<p>10</p>	<p>Primary Care Update</p>	
	<p>The Governing Body received the regular report of the Interim Director of Strategy and Transformation which provided an update on the implementation of the BCCG Primary Care Strategy and General Practice Forward View. It also provided assurance on the development and sustainability of local primary care services.</p> <p>It was noted that a lot of the success being looked for was the sustainability and support to practices operating against all the challenging issues around estates,</p>	

infrastructure and workforce. The paper identified the work being developed as part of the Out of Hospital Strategy discussions which would ensure clarity within primary care in developing partnerships with the wider health and social care system. The paper also outlined the successful Estates and Technology Transformation Fund (ETTF) bids of £2.3m for developing the estates and infrastructure which would require interim measures to ensure that primary care delivered what it wanted for its patients.

CS reminded the Governing Body that there continued to be discussions around assuming full delegation from NHS England for primary care commissioning but at present the CCG remained in joint commissioning arrangements with NHS England with a commitment to moving to full delegation within the next year.

The paper also highlighted the two years of Transformation monies to be released to the CCG next year, it was noted that these were non-recurrent monies and would support the five locality development plans and encourage practices to work collaboratively.

CS reminded members of the Bedford Hospital Practice relocation and urgent care streaming development and that DD and JM were working closely on engagement to ensure the opportunities for the site including signposting people away from A&E.

RG, as chair of the Joint Co-Commissioning Committee, highlighted that the local delivery plans had been received well by NHSE who had commented they were some of the better plans they had received, he commended the team as the CCG had gone from nothing last year to substantial plans this year. He highlighted the challenge would now be to deliver on the plans. RG also highlighted the £1m IMT funding to improve infrastructure, welcomed by GP colleagues.

In response to comments the following was noted:

- CM asked if there were any concerns that delegated commissioning was running forward at different paces, by different CCGs across the STP and that in the spirit of collaborative working this should be done at the same time and pace. CS reported, and gave assurance, that the three organisations were working together and had shared a lot of the work they had done. The Governing Body were reminded that any decision would need to go to a members vote. A consistent approach was being taken and although MK was going for fully delegated commissioning first, all three CCG's would ultimately be in a similar place going forward, hence the need to not recreate provision times three but rather to work collaboratively together over the forthcoming months.
- RS asked about the size of the Transformation fund and the governance arrangements around spending. In response CS reported that the fund would be drawn down over two years. The Primary Care Working Group, which had GP Locality Chair presence, and an established Locality Chairs Forum would feed up to the Joint Co-commissioning Committee by non-conflicted parties overarching sign off, thereby providing clear oversight to the Governing Body.
- AL highlighted the need to ensure the process was transparent and that conflicts of interest were managed properly.

	RESOLVED That the Governing Body NOTED and DISCUSSED the report.	
11a	Bedfordshire CCG Operational Plan 2017-19	
	<p>The Governing Body received the report of the Interim Director of Strategy and Transformation of the final draft of the business plan. This took the form of a presentation, and the Governing Body were reminded that the executive had taken delegated responsibility to submit the operational plan and the GP Five Year Forward View on 23 December 2016.</p> <p>The Governing Body discussed the report, RS asked for reassurance that the five priorities had been backed up by public health data and in terms of the five year forward view there was an emphasis on primary prevention informed by public health data. In response DD reported that this was based on data from the JSNA, public health and Right Care. IB added that the CCG was committed to primary prevention, DD and AM were joint champions for prevention work through the STP and fully expected their support to deliver that priority. IB also added that in respect of mental health patients, this group often had poorer physical health so there was a need to ensure that providers also focussed on physical health. MT added that right care was a pathway approach and the debate began at the primary prevention end in terms of intervention. DD highlighted that AL chaired the Right Care Group which commissioned pathway redesign groups and ensured the emphasis was right. DD gave the cancer bid as an example of the whole pathway.</p>	
	RESOLVED That the Governing Body RECEIVED and ENDORSED the Operational Plan 2017-19 submitted to NHS England on 23 December 2016.	
11b	GP Forward View Submission	
	<p>CS introduced the report which provided an update on the plan to implement the GP Five Year Forward View. It was noted that a further version of the plan was due to be submitted to NHS England in February 2017.</p> <p>It was further noted that all five locality plans had common themes. The Governing Body noted the next steps which included the implementation of detailed plans and transformation boards established with the two local authorities to help inform the process and embed into the forward plan of the CCG.</p> <p>RG reiterated that the CCG was in a good place with the plans and in terms of a governance and assurance perspective, and asked how the plans would be tracked and monitored to ensure they progressed at a sensible pace. In response CS highlighted that the governance would be attached to the outcomes delivered and a set of KPIs would be developed to ensure progress could be measured. MT added that some work needed to be done looking at how these wider KPIs were reported through to the Governing Body. He added that this would link back to the STP development and as Priority 2 progressed it would require better working with STP colleagues and explained what would be business as usual with clarity on tracking progress against the national priorities. It was further noted that the GP Forward View already had a set of complicated milestones that the CCG could build on. RG highlighted the importance of having good assurance around projects.</p>	

	<p>AL asked how patients had been involved in developing the plans. In response it was noted that patient participation groups had been held, EB highlighted the challenge would be in keeping the momentum going on the implementation. CS reported that all the implementation plans had an outcome suggested against them that should be measurable. EB added that the ambition was to keep these real and alive.</p> <p>WH felt that an additional challenge, if relevant to the GPFV, would be to measure the contribution of carers to the system and the support provided to them.</p> <p>AL asked how Healthwatch had been involved in the development of the plans, in response DB explained that when Healthwatch was approached by the CCG on engagement and consultation there was typically a lot of involvement.</p>	
	<p>RESOLVED That the Governing Body RATIFIED the BCCG plan submitted to NHS England on 23 December 2016 for implementing the General Practice Forward View within Bedfordshire.</p>	
<p>12</p>	<p>Financial Review and Financial Report</p>	
	<p>The Governing Body received the regular report of the Chief Finance Officer which provided an update on the financial position at month 9.</p> <p>BJ outlined the position which had deteriorated from a £9.1m surplus down to £6.9m. It was noted that in a worse-case scenario the position would likely be between £3.5 and £4m. BJ explained the financial recovery plan which was being developed with the intention of achieving the target of £8.1m, however it was noted that the CCG had no uncommitted reserves. The plan had been shared with directors and NHS England;</p> <p>The board noted the increase in activity of 1-1.5% translating into 3.5% in costs, there were a number of explanations which were being explored including greater acuity of need through hospitals</p> <p>The level of outstanding debt, previously reported, continued to run at the same rate, the concern on old debt was being addressed and resolved.</p> <p>RG, Chair of the Finance and Performance Committee (F&PC), reiterated the points raised by BJ around the deteriorating position. He reported that the F&PC had scrutinised the recovery plan and explained that it was balanced looking at both negatives and positives. RG explained that QIPP was a big risk before the end of the year and although 95% had been delivered, highlighted that as the next quarter was back end loaded and a lot of extra savings were coming in at the end of the year it would be a challenging time. It was further noted that achievement of the QIPP was also predicated on negotiating with third parties.</p> <p>MT asked BJ to clarify the 1% reserve the CCG was not allowed to spend and how this was treated. BJ explained the requirement for CCG's to set aside 1% as fully uncommitted funds, this was a national requirement and for BCCG equated to £5.5m, BJ explained that there was no clear guidance of how this would be released into the system at the end of the year, it was noted that the most likely way was that when it was released there would be a complete benefit arising from it in the system, the CCG would not be able to commit any of its position against it, so that it would likely result in a move in the control total, e.g. if achieve £9.1</p>	

	<p>surplus, £5.5 released fully into the system the CCG would show a greater level of surplus thus helping to off-set deficit positions in the wider NHS, this was still to be confirmed.</p> <p>AB asked about the mitigation and assurance on delivery of the QIPP, in response BJ explained the process around managing the QIPP delivery through the PMO with monthly reviews to facilitate the delivery of the savings and the finance team on the forecast. The current forecast was based on the £17.5m QIPP target, there was an unidentified amount of £0.9m of no identified schemes, the forecast position was then risk adjusted as part of a dialogue. It was noted that effectively £1.9m was moved out to reflect the risk. It was further noted that the QIPP Board met fortnightly to review the position.</p> <p>MT reported that the biggest element of ‘back-loading’ was the work to ensure that the CCG was charged appropriately by contracts and as part of the financial recovery plan. It was noted this was monitored weekly by the Executive, providing assurance with the additional level of overlay that BJ has developed. BJ highlighted that in terms of the contracts it would be a difficult last quarter as providers would seek to maximise their control totals.</p> <p>RS asked what the impact would be if BHT did not achieve their control total and if some of the CCG surplus would be automatically given to them to help with their debt, in response BJ reported that unless the guidance changed there would not be a direct transfer in a specific patch, it would be at a national level. MT added that it was impossible to do that as the money was specific to CCG’s for their local population.</p> <p>AL thanked BJ and colleagues recognising the excellent work. BJ to pass on the thanks to the finance team.</p>	
	<p>RESOLVED That the Governing Body</p> <ul style="list-style-type: none"> a) DISCUSSED and NOTED the financial target for the year of £12m surplus, the reported position for the year to date and the forecast outturn position; b) DISCUSSED and NOTED the unmitigated risk of £2.9m, i.e. a £9.1m surplus; and, c) DISCUSSED and NOTED the emerging risk of a further £2.2m and the proposed mitigating actions. 	
<p>13.0</p>	<p>Update on Sub-Committee</p> <p>The Governing Body received updates for its sub-committees:</p> <p>Audit and Governance Committee AL reported that as the Chair of the Audit and Governance Committee was not present the minutes would be circulated.</p> <p>Case Review Panel Dr Chris Marshall provided an update and explained the work of the panel and the savings made.</p> <p>Finance and Performance Committee RG reported that he had nothing further to add.</p>	

	<p>Integrated Commissioning and Quality Committee AL reported that as the Chair of the Committee was not present the minutes would be circulated.</p> <p>Joint Co-commissioning There was nothing further to add.</p>	
14.0	<p>Agenda Items for the next meeting The following subjects were identified as agenda items for the March Governing Body meeting:</p> <ul style="list-style-type: none"> • Second round of the Five Year Forward View to be reported under the Primary Care Update – Clare Steward • Young Carers – Diane Blackmun/ Jane Meggitt • Equality and Diversity – Director of HR 	
14.0	<p>Questions from the Public</p>	
	<p>Question: A question on digitisation and the STP, the NHS doesn't have a good record of digitisation often when it is ambitious, it may be best done incrementally, what are the plans?</p> <p>Response BJ reported that the emphasis was not about big system solutions, with the challenged financial position we are looking to find the simple steps to make the best use of the systems we currently have so data can be shared between organisations quickly and effectively.</p> <p>EB reported that general practice was linked up relatively well, colleagues in secondary care needed to be encouraged. There were good links with community services and palliative care services which needed to be built on.</p> <p>Question: A number of articles in the press said that CCGs use private companies to scrutinise GP referrals to the hospitals, is it happening in Bedfordshire?</p> <p>Response: DD reported that this was a reference to referral management services (RMS) and centres which BCCG did not use, however the CCG working on an 'advice and guidance' system where GPs can work with Consultants in specialties to provide advice and guidance on the best course of action for patients.</p> <p>AL added that RMS had been investigated some years ago but GP's had rejected it as it got in the way of looking after patients, he added there was a need to have checks and balances in the system.</p> <p>Question: Tony Reynolds referred to the closure of Weller Wing. He referred to Townsend Court as a suitable place but highlighted that being in the south of the County there had been no consideration for visitors who were on low incomes and the difficulty people would have getting to the new site from the north side of Bedford using public transport. He asked that this should be considered. Mr Reynolds felt that Fountain Court was not a suitable place for young people with mental health issues. He asked how long it would be before resources would be available to replace Bedford's mental health facilities.</p>	

	<p>Response: MT reported that he would commit to talk to ELFT as part of the implementation plan to move patients. The facility at Townsend Court was suitable and there had been a recognition that access and location might not be ideal so it was important to look at a longer term solution. MT said that these points would be taken forward in discussion with ELFT to mitigate including concerns regarding Fountain Court. MT added that assurances had been received that it was suitable for that clientele. In terms of the re-provision of inpatient facilities there was a piece of work to do on a strategic solution and therefore was unable to commit to what a realistic time table would be. It was noted that the most pressing demand was the availability of capital if the solution was a rebuild. Work would be undertaken to identify what the provision of services would be and part of the process would include engagement with patients and public and higher profile pieces of work.</p> <p>Question: Cheryl Green raised patient involvement and feedback in the locality plans and asked about the involvement of patient locality groups.</p> <p>Response: In response EB reported that locality PPGs was the forum for the plans to be looked at. Cheryl Green highlighted that she was chair of a Bedford PPG and assured the Governing Body that this had not been on the agenda. Dr Das said he would do some fact finding to see if this had been on an agenda in some other format. JM reported that the localities all have their locality boards set up differently and had different patient and public representatives on their boards and agreed to discuss outside of the meeting. Cheryl Green said that patients have not been asked for their views. Dr Das reported that most practices attended the board meetings and there was usually a public representative, in response Cheryl Green said there was no link between the board and the patient group. Dr Das to investigate.</p> <p style="text-align: right;">Action: Dr Das</p> <p>Question: In response to confirmation of future Governing Body meetings it was noted that the next meeting was on 30 March 2017 followed by the 6 May 2017.</p>	
	<p>The Chairman thanked everyone for attending the meeting and for their contribution. The meeting closed at 16.34.</p>	