

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 22 MARCH 2016 AT CHIPPENHAM TOWN HALL**

Present:

Dr Peter Jenkins	PJ	Chair
Deborah Fielding	DF	Accountable Officer
Simon Truelove	STr	Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
Christine Reid	CR	Lay Member
Mary Monnington	MM	Registered Nurse Member
Dr Richard Sandford-Hill	RS-H	GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair, WWYKD
Dr Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP Vice Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Chet Sheth	CS	GP Vice Chair, Sarum

In Attendance:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director, WWYKD
Mark Harris	MH	Director of Acute Commissioning/Group Director, Sarum
Neal Goodwin	NG	Senior Commissioning Manager
Chris Graves	CG	Chair, Healthwatch Wiltshire
Dina McAlpine	DMcA	Director of Quality
Julia Cramp (<i>for item 16</i>)	JC	Associate Director, CCG and Wiltshire Council (WC)
James Fortune (<i>for item 16</i>)	JF	Lead Commissioner, Children's Services, WC
James Roach	JRo	Integration Director
Frances Chinemana	FC	Public Health Consultant, WC
Diana Hargreaves	DJH	Board Administrator
Shelley Watson (<i>for item 11</i>)	SW	Commissioning Manager
Hazel Matthews (<i>for item 12</i>)	HM	Assistant Head of Service, Mental Health and Disabilities Joint Commissioning
Dr Nick Ware (<i>for item 10</i>)	NW	GP

Non Voting Members who always attend:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sarah MacLennan	SMac	Associate Director of Communications and Engagement

Press:

Tony Millett	TM	Press
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Apologies:

Dr Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director, NEW
Dr Mark Smithies	MS	Secondary Care Doctor

ITEM NUMBER		ACTION
GOV/16/03/01	<p>Welcome and apologies for absence</p> <p>PJ welcomed everybody to the meeting, noting the apologies above.</p>	
GOV/16/03/02	<p>Questions/Comments from the public</p> <p>There were no questions from the public.</p>	
GOV/16/03/03	<p>Declarations of Interests</p> <p>Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG).</p>	
GOV/16/03/04	<p>Previous Minutes of the meeting held on 26 January 2016</p> <p>The minutes of the meeting were approved as an accurate record.</p>	
GOV/16/03/05	<p>Matters Arising</p> <p>GOV/16/01/13 DF wished to clarify that, although the minutes were an accurate reflection of the agenda item, the issue of high occupancy rates was an ongoing issue which had an impact on quality and waits across all the acutes, and was not particular to just Great Western Hospital (GWH).</p>	
GOV/16/03/06	<p>Action Tracker</p> <p>GOV/15/11/13 – STr reported that there was no information available at this point in time and the data would be brought to a future meeting. ONGOING. GOV/16/01/10 – COMPLETE. GOV/16/01/17 – The update would be covered under agenda item 12. COMPLETE.</p>	STr
GOV/16/03/07	<p>Chair's Report</p> <p>PJ reported on the following:</p> <ul style="list-style-type: none"> • Wiltshire Health and Wellbeing Board (H&WB) had won the "Effective Health and Wellbeing Board" category at the Local Government Chronicle Awards 2016, which was a real endorsement of WC and WCCG's joint influence on the health and social care agenda in Wiltshire. PJ thanked Dr Steve Rowlands for his work on development of the H&WB and to those Members of the H&WB for their commitment to developing a common understanding on behalf of the Wiltshire population • Congratulations to Bradford on Avon and Melksham Health Partnership who were awarded the title of "Best Friends and Family Initiative in Primary Care" at the National Friends and Family Test Awards. Congratulations also for having won the recent Clinical Team of the Year Award, at the GP Awards, for setting up the Bradford on Avon Leg Club 	

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	<ul style="list-style-type: none"> • The start of the pilot for GP referrals into the Wiltshire Warm and Safe energy advice service, linking people living in cold and damp homes to support, helping and guiding, quickly and efficiently. AC, GP local lead for the pilot, would be contacting GPs through the locality groups over the next few weeks <p>PJ thanked MM, on behalf of the Executive Team, clinicians and staff, for the commitment, contribution and professionalism that MM had demonstrated, not only during her role as Registered Nurse Member of the CCG's Governing Body, but also with the Primary Care Trust and the wider National Health Service (NHS). PJ thanked MM, on a personal level, for the support given to the CCG and the guidance given to himself as Chair, adding that DMcA and the Quality Team were particularly appreciative of MM's dedication and determination. In response, MM said she had been honoured to work with the CCG and more closely with GP Members and was particularly grateful to PJ, DMcA and DJH for their support during her absence from work last year.</p>	AC
GOV/16/03/08	<p>Accountable Officer's Report</p> <p>DF reported on the following:</p> <ul style="list-style-type: none"> • The past year had been one of major achievements as well as some difficulties • Achievement of procurements in Adult Community Services and Children's Services, with mobilisation in both areas • Encouraging progress in delivery of the Financial Recovery Plan • 4-hour Accident and Emergency (A&E) target on track for achievement by Salisbury Foundation Trust (SFT), although more problematic at GWH and Royal United Hospital (RUH) and the CCG was working closely with them on improvement • Introduction of the Sustainability and Transformation Plan, the rationale for which was the financial challenge facing the NHS both locally and nationally – more information at agenda item 20 • Planning for 2016/17 was progressing well and there would be a system-wide workshop held to consider the operational plan <p>DF thanked the Executive Team, the clinicians and all the staff for their work and sustained commitment over the past year.</p>	
GOV/16/03/09	<p>Register of Sealings</p> <p>None.</p>	
GOV/16/03/10	<p>Multi-morbidity Clinics – Clinical Presentation</p> <p>NW gave a presentation on multi-morbidity clinics demonstrating that better integrated care for patients with multi-morbidity and complex social problems could prevent or postpone emergencies, thus improving health and prolonging independent living.</p> <p>SB suggested that the initiative allowed people to see what their expectations and needs for their care in the future might be, which could be less than the NHS would be offering them.</p>	

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	<p>NW drew Members' attention to The Deep End Project, concentrating on the 100 most deprived practice populations in Scotland and demonstrating how the project worked to improve population health and narrow inequalities in very deprived areas.</p> <p>The Governing Body thanked Dr Ware and noted the presentation.</p>	
GOV/16/03/11	<p>Local Offer for Personal Health Budgets (PHBs)</p> <p>SW introduced the paper outlining the requirement of CCGs by 31 March 2016 to have developed a Local Offer document showing a commitment by the CCG to have expanded the number of PHBs available to the population of Wiltshire, and to have published the offer.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • In response to how success would be judged, SW said it would be about the qualitative side of what had worked for patients, working with the Integrated Personal Commissioning Programme (IPC) to improve patients' health and wellbeing • There needed to be a clear, standardised contract to establish the arrangements with individuals: to expand on how PHBs currently worked in Continuing Healthcare (CHC) • STr flagged to Members the financial risk, especially with long-term conditions, as there would be cost pressures should an individual decide not to use the money with a community provider • There were independent companies that brokered advice on the best way of supporting patients with PHBs • SW said that there had been varied demand so far, which would need to be carefully managed during 2016/17, as knowledge was growing resulting in a possible increase in demand during the next year or two • CG confirmed that knowledge was indeed growing and asked how the 26 individuals would be chosen for the pilot. In response, SW said that careful management of expectation was a significant piece of work to be done in 2016/17 <p>The Governing Body received and approved the paper.</p>	SW/TW
GOV/16/03/12	<p>Transforming Care Partnerships Plan</p> <p>HM presented the paper informing Members that the Transforming Care Partnership draft service model plan had originally been brought to the Governing Body on 26 January 2016 and submitted to NHS England on 8 February 2016. Since then, the draft plan had undergone further work and was re-submitted to NHS England on 23 February 2016.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • MM suggested that an Executive Summary would be useful, so that service users could understand how the service model might support them • JRo said that this cohort was becoming more prevalent and asked whether there was capacity in Wiltshire to meet the increasing demand, and whether this was affordable. HM responded saying that the Programme Board were looking at working with regional partners, as the scope of the plan needed to be extended beyond just Wiltshire and Swindon 	HM/TW

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	<ul style="list-style-type: none"> • CG reminded the Governing Body that funding tended to be allocated to bulk commissioning: however, not everybody would fit in with the plan and some individuals' personal issues and needs might fall outside the plan • CR questioned why the predicted adult numbers only went up to age 64, rather than working with anybody who needed the service. HM was unsure of the answer and would take this question away • DF thanked HM for an excellent report, adding that there were some good examples of personalised packages of care in Wiltshire • CR asked whether there were risks attached to potential lack of workforce. HM said that staff shortages were prevalent both locally and nationally and, as well as support in place to develop the workforce, planning was being undertaken to ameliorate the workforce risk • STr reminded the Governing Body that significant money was being invested in this agenda in 2016/17 with the development of The Daisy Unit <p>The Governing Body received and approved the plan.</p> <p><i>(HM left the meeting at 11:10hrs.)</i> <i>(SW left the meeting at 11:10hrs)</i></p>	HM
GOV/16/03/13	<p>Operational Delivery Plan 2016/17</p> <p>DJN introduced the paper with the 2016/17 Operational Plan, representing the culmination of this year's planning round.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • In response to a question about the level of confidence the CCG placed in the successful delivery of the operational plan, STr explained that the level of risk that the system continued to face would be articulated in more detail in the following budget agenda item and the Sustainability and Transformation Plan item later in the meeting. STr continued saying that high demand was hitting the provider sector and there was over-intervention and over-treatment in the hospitals. The CCG's challenge was to stop the over-trading, although the contractual framework incentivised this • DF looked forward to when the CCG and its providers became collaborative leaders rather than competitors • LK was concerned that the complex inter-dependencies within the system made it difficult to manage: DJN said that a systematic approach was therefore very important • DF said that one of the key schemes was Home First and the results of the pilot were awaited. JRo reported on a recent successful workshop and an increase in numbers, adding that SFT had seen a positive impact from the pilot with the vast majority of patients being referred, seen and moved out of hospital within 24 hours. It was intended to roll out Home First across the county from 1 July 2016 and the business case would be put to the Governing Body meeting in May. Members were concerned that this was a very tight timescale between approval of the business case and the roll-out, in terms of recruitment to the initiative. 	JRo

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	The Governing Body received and approved the plan.	
GOV/16/03/13a	<p>Budget Setting and activity assumptions 2016/17</p> <p>STr presented the paper reporting to the Governing Body on the budget setting process for the 2016/17 financial year. DF drew Members' attention to the changed position with the CCG's headroom: the previous flexibility that allowed the CCG to use the headroom as investment had been removed, resulting in no funding for any sort of investment, which was a difficult situation to manage.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • CR questioned whether the Federation was being asked to push back against this position on behalf of CCGs. DF said that, politically, the fight back was coming from primary care and that the Sustainability and Transformation Plan might be the opportunity to bring all parties together to work towards a common aim • There were conflicting messages coming down from organisations making important decisions, which was challenging • It would be important to work with the population of Wiltshire to establish their requirements and to ensure that they understood the financial position <p>Members agreed that the chances of meeting the finance targets were slim.</p> <p>The Governing Body received and approved the paper but expressed their concern that recent NHS England amendments to 16/17 funding would make meeting the financial targets unlikely.</p>	
GOV/16/03/14	<p>Primary Care Offer (<i>taken after item 20</i>)</p> <p>JCu introduced the paper setting out a proposal to move to a different and more flexible way of commissioning enhanced services from member GP practices in Wiltshire from April 2016, referred to as the Wiltshire Primary Care Officer (PCO).</p> <p>Members commented:</p> <ul style="list-style-type: none"> • MH informed Members that capitation payments under the main General Medical Services (GMS) contract were currently based on weighted list size and the Personal Medical Services (PMS) contract on raw list size. However, from 1 April 2016, PMS contracts would be based on weighted, as per the PMS review • TD asked whether the Transforming Care of Older People (TCOP) initiative, which is currently for the over-75s, should include under-75s <p>GP Members agreed that the offer was transparent and allowed for planning.</p> <p>The Governing Body received and approved the paper.</p>	

ITEM NUMBER		ACTION
GOV/16/03/15	<p>Records Management Strategy</p> <p>STr presented the strategy which had been through the Audit and Assurance Committee, with a recommendation for approval by the Governing Body.</p> <p>The Governing Body received and approved the strategy.</p>	
GOV/16/03/16	<p>Child and Adolescent Mental Health Services (CAMHS) update on transformation plan</p> <p>JC introduced the paper updating Members on the progress made to date on the implementation of the transformation plan.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • AC said that children with Mental Health issues were experiencing dis-ease rather than disease: however, parents were being advised to go their GPs rather than to the specialist service, CAMHS. It was important to reinforce the message that this was not a medical service and to promote early intervention. Schools needed to be held to account for referrals to CAHMS, although JC said that this would be a work in progress with the large number of schools in Wiltshire and the in light of the changing role of Local Authorities in schools • Schools had a statutory duty to maintain health and wellbeing and it would be important to work with schools so that they recognised young people who were vulnerable • MM noted that there were very few children below teenage years referred to CAMHS: therefore the plan needed to concentrate on supporting pupils in secondary schools • The funding had allowed development of on-line support and a wide range of interventions <p>The Governing Body received and approved the updated plan.</p>	
GOV/16/03/17	<p>Integrated Performance Management Report (IPR)</p> <p>DJN introduced the report assessing the performance of the CCG for quality, financial management, patient access and project management.</p> <p>The Governing Body received the report which was not discussed by Members due to time constraints.</p>	
GOV/16/03/18	<p>Workforce Report – Q3</p> <p>DJN presented the report updating the CCG on workforce activities up to the end of Q3.</p> <p>The results of the staff survey would be included in the Q4 Workforce Report.</p> <p>The Governing Body received the report.</p>	DJN

ITEM NUMBER		ACTION
GOV/16/03/19	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN introduced the BAF and the RR.</p> <p>The Governing Body received the report and agreed the Top 10 risks.</p>	
GOV/16/03/20	<p>Sustainability and Transformation Plans (STP) (<i>this was taken after Item 13a</i>)</p> <p>DF presented the paper providing Members with an overview on establishing the Sustainability and Transformation Planning footprint across Bath and North East Somerset (BaNES), Swindon and Wiltshire.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Having James Scott as Chair would assist with encouraging the acute hospitals to support the delivery of high quality care and outcomes through the development of a sustainable health and care system • The leadership challenge would be to continue to develop what was already in place • Members wanted assurance that the other two CCGs were fighting as hard as Wiltshire CCG for the common goal • The work of the STP needed to be clinician-led • James Scott would be speaking to the clinicians' groups as soon as possible • Primary care and secondary care clinicians to work closely with one another <p>The Governing Body received and discussed the report.</p>	
GOV/16/03/21	<p>Equality Information Compliance Report</p> <p>DJN presented the paper detailing the Equality Information Compliance Report, demonstrating the CCG's compliance with the legislation set out in the Equality Act 2010.</p> <p>The Governing Body received and noted the report.</p>	
GOV/16/03/22	<p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 13:10hrs.</p>	

Date of next Governing Body Meeting in Public: Tuesday, 24 May from 10:00 – 12:30hrs in Southgate House, Devizes