

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 22 NOVEMBER 2016, 10.55HRS AT CITY HALL, SALISBURY**

Present:

Dr Peter Jenkins	PJ	WCCG Chair
Peter Lucas	PL	Lay Member and Vice Chair
Tracey Cox	TC	Interim Accountable Officer
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Christine Reid	CR	Lay Member, Patient and Public Engagement
Dr Mark Smithies	MS	Secondary Care Doctor, WCCG
Dr Richard Sandford-Hill	RS-H	GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair WWYKD
Dr Andrew Girdher	AG	GP Co-Chair North and East Wiltshire (NEW)
Dr Toby Davies	TD	GP, Chair Sarum (<i>From 12.10hrs</i>)
Dr Chet Sheth	CS	GP, Vice Chair Sarum
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Dina McAlpine	DMcA	Director of Quality
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Lucy Baker	LB	Interim Director of Acute Commissioning
James Roach	JR	Integration Director

In Attendance:

James Fortune	JF	Lead Commissioner and Southwest LA Advisor CYP Mental Health Improvement, Wiltshire Council
Frances Chinemana	FC	Wiltshire Council
Tony Millett	TM	Local Media – Marlborough News Online
Dan O'Brien	DO'B	BBC Wiltshire
Chris Graves	CG	Chair, Healthwatch Wiltshire (<i>until 13.10hrs</i>)
Dr Hugh Bond	HB	SWIC (<i>From 11.55 until 12.45hrs</i>)

Non-Voting Members who always attend:

Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator

Apologies:

Dr Helen Osborn	HO	Medical Advisor, WCCG
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Dr Anna Collings	AC	GP Co- Chair, NEW
Jill Crook	JC	Registered Nurse, WCCG

ITEM NUMBER		ACTION
GOV/16/11/01	Welcome and apologies for absence PJ welcomed all to the meeting. Apologies were noted as above.	

GOV/16/11/02	<p>Questions/Comments from the public No questions were received from the public.</p>	
GOV/16/11/03	<p>Declarations of Interests 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> <p>Declaration of Interest was received from CS with regards the Salisbury Walk in Centre Report item.</p>	
GOV/16/11/04	<p>Previous Minutes of the meeting held on 27 September 2016 The minutes of the meeting held on 27 September 2016 were approved as an accurate record; following the amendment to item 14 Leadership Training Framework to revise the wording to reflect Practice Nurses had not been involved in the development, but they would be included when the framework was finalised.</p> <p>PJ highlighted the post meeting note that had been added to item 10 NHS Wiltshire Fertility Assessment and Treatment Policy. This HealthWatch reference was approved by CG.</p>	
GOV/16/11/05	<p>Matters Arising There were none.</p>	
GOV/16/11/06	<p>Action Tracker All actions had been marked as closed or completed.</p>	
GOV/16/11/07	<p>Chair's Report PJ reported that since the last Governing Body meeting, WCCG had made two new appointments; MH had been appointed as the Chief Operating Officer, a new role to support the Interim Accountable Officer, and SP had been appointed as the Chief Financial Officer. Deputy Chief Financial Officer interviews were to take place on 30 November 2016. Leadership of the CCG had been the topic of discussion at the Governing Body Seminar held on 1 November 2016. Members had agreed that recruitment for the Accountable Officer position should now commence.</p> <p>PJ recollected the Salisbury Walk in Centre petition received and noted at the September meeting. A presentation was to be given under item 21 by Dr Hugh Bond to provide an update on the service following the change in the opening hours in August.</p>	
GOV/16/11/08	<p>Interim Accountable Officer's Report TC updated Members on the following:</p> <ul style="list-style-type: none"> • The latest draft of the STP had been submitted to NHSE on 21 October 2016; feedback from this was now being digested and used to inform the next version. The draft would be published on 14 December 2016. • The first draft of the CCG's Operational Plan was to be submitted to NHSE on 24 November 2016, with the final version to be submitted on 21 December 2016 with contracts signed. • WCCG had received a rating of 'good' against three of the four domains monitored through the NHSE Quarterly Assurance meetings. Better Care had been marked as 'needs improvement'. To support the full delegation of primary care, 'good' would be required overall at the end of the year. • Trowbridge Minor Injuries Unit change of hours had now been implemented • The tender for the Integrated Urgent Care Procurement had gone live on 1 November 2016. • The CCG had seen success with the Estates and Technology Transformation Fund. The estates and IT project for primary care had been 	

	<p>awarded funding, and nominal funds would be awarded to the Calne, Trowbridge and Devizes areas and the Infrastructure Project. Work was underway to further develop these projects and due diligence carried out.</p> <ul style="list-style-type: none"> WCCG had been invited to attend wave two of the Right Care national benchmark programme. 	
GOV/16/11/09	<p>Register of Sealing No sealings were reported.</p>	
ITEMS FOR DECISION		
GOV/16/11/10	<p>Delegated Primary Care Commissioning JCu sought approval from the Governing Body to proceed with the application to NHSE for full delegated commissioning of primary care services for Wiltshire. The application two years ago had brought joint responsibility for commissioning with NHSE. Delegated commissioning status would support the STP primary care guidance for key areas to progress by 2020.</p> <p>The tasks to be delegated were outlined in the paper; these did not include pharmacies, dentists or opticians. The paper set out the context and the CCG journey to be undertaken by April 2017.</p> <p>The benefits and risks included were in line with the Out of Hours strategy, Primary Care Offer and GP Resilience. Resources were the greatest risk noted as staff were not being transferred. A transition team and plan would be in place 2017/18 for the phased change over. Resources would also be shared with BANES and Swindon. Concerns were raised over the strain on resources. JCu assured members that only the delegated tasks would be adhered to. Over the last two years, processes and structures had been put into place and had brought a closer working with the Quality, Estates and IT teams. WCCG had been the driving force, showing a positive and strong position. TC added that finances may need to allow for additional support.</p> <p>A ballot of member practices had been undertaken. A 47% response had been received, and of those, 75% had voted in agreement to proceed with the application.</p> <p>The Governing Body approved the application to be submitted to NHS England for full delegated commissioning of primary care services.</p>	
GOV/16/11/11	<p>Winter Planning and A&E Improvement Plan JCu and JR gave a joint presentation highlighting items from the winter plan that had been submitted to NHSE. Following initial submission feedback, the revised plan had been resubmitted in November, approval was awaited. Winter planning had now become an all year round demand management activity, bringing significant pressures, particularly with the staffing challenges and the demographic growth.</p> <p>The Wiltshire Local A&E Delivery Board (LDB) supports SFT, with a focus on the 4 hour response target and overseeing the delivery of the nationally mandated A&E Rapid Implementation Guidance for the local system. Representations from key organisations have the authority to commit to decisions of behalf of their organisation.</p> <p>JR went through the slides covering the lessons learnt. Hospital pathways were being better managed to ensure maximised discharge. More specialised care and care at home packages had been created. A&E and DTOC continued to be a focus, alongside ward activity and the discharge process. Community Hospital bed capacity was to be better used. Closer alignment of domiciliary care providers to acute hospital and acute trusts was to be encouraged. Wiltshire Health and Care</p>	

	<p>and Domiciliary Care Managers would undertake regular reviews following discharge to ensure the most appropriate package was provided. Analysis had shown a greater ability to stream minor injury and illness to other clinical services across the health economy.</p> <p>Alignment of the Salisbury Walk-in Centre opening hours would support the hospital as well as primary care and OOH. Admissions of 0-18 year olds had increased; paediatric reviews and the HotKids service would support the reduction in demand. Mental health cases created the biggest delay within ED, there was a need to react more quickly with a specialist mental health service.</p> <p>It was a 'business as usual' approach concerning system capacity and demand planning, with the aim of embedding system resilience into the day to day practice of staff, reflecting system challenges. Data had been reviewed to look at demand planning scenarios to form the key actions of the winter plan.</p> <p>JR summarised the key messages. Younger patient admissions were for less complex issues, and there had been an increase in short stays of the frail and elderly. These were to be identified more quickly and moved onto alternative pathways. To achieve targets the modelling suggested an average of 135 discharges per day would need to be seen. This was to be managed more proactively and made relevant to each hospital. Elective activity and peak time admissions were to be better managed. Inconsistencies in system escalation were to be looked at alongside the NHS guidance and OPEL (Operational Pressures Escalation Levels) system.</p> <p>JCu informed Members that a winter planning STP event of all providers had been held. Each provider had their own escalation plan and daily reporting in place. The A&E Improvement Plan had covered the national five 'must do's' and was looking at an integrated discharge service.</p> <p>The opportunities were there to increase the use of walk in centres. The data should inform urgent care and measure the conversion rates of those not going to hospital. Advice given by 111, OOH, walk in centres and the clinical hub was recorded and counted, although consistency was required from GPs. Wiltshire Health and Care and Domiciliary Care Providers recognised that the Rehab Support Workers should not just further delay issues, but the flow should be better managed.</p> <ul style="list-style-type: none"> • Winter Communications Plan SMac presented the Winter Communications Plan that had been compiled jointly with Wiltshire Council and acute providers. Messages and the target audience would change during the course of the plan, and would focus on prevention. NHSE were to run national TV adverts during winter. The local plan would utilise social media, flyers and leaflets to target groups. <p>The Governing Body received and noted the Winter Planning and A&E Improvement presentation, and the Joint Winter Communications Plan.</p>	
GOV/16/11/12	<p>Communication and Engagement Action Plan and Stakeholder Feedback SMac explained that the Communication and Engagement Plan supported the delivery of the strategy approved by the Governing Body in May. Actions were in place and ongoing to support delivery of the organisations objectives, staff communication requirements and the STP.</p> <p>CR queried the financial implications associated with the enormity of the STP communications. HealthWatch Wiltshire had supported previous communication activity at a reasonable cost, it was anticipated that they would be involved in STP engagement, although this should be seen as more than just a communication task.</p>	

	<p>Work with patients should commence now to ensure they are properly informed about the forthcoming plan and how they can engage in its development and implementation.</p> <p>Stakeholder Feedback The PwC internal audit report for stakeholder engagement had been circulated with the papers. The Audit and Assurance Committee had reviewed the report at the November meeting, and as Chair, PL commended the Communications Team on the excellent review and in particular SMac for leading the significant and positive change.</p> <p>The Governing Body approved the WCCG Communication and Engagement Plan for 2016-17.</p>	
GOV/16/11/13	<p>Local Transformation Plan (LTP) for Children and Young People’s Mental Health and Wellbeing 2016-17 Refresh TW explained that the LTP had been refreshed and enhanced since its submission to NHSE a year ago to develop the Child and Adolescent Mental Health Service (CAMHS) and commissioning intentions following increased funding and the release of the Mental Health Five Year Forward View.</p> <p>JF welcomed the continued national focus. 75% of those diagnosed with mental health problems developed these by the age of 18. Early intervention is required. The revised LTP acknowledged NHSE’s expectations. One national objective stated that by 2021, 35% of children and young people diagnosed with mental health issues should receive treatment by an NHS funded service. Capacity within our services needed to be built to meet the expected demand and improve waiting times. A closer partnership would be formed with schools.</p> <p>The Transformation Fund from NHSE had increased by 59% for this financial year, and would continue to increase until the end of the current parliament. A bid to the Health and Justice Commissioner for the Southwest was successful, bringing an additional £80k into the service. One off funds of £205k from NHSE had been made available for Wiltshire to reduce treatment waiting times.</p> <p>JF highlighted the following challenges:</p> <ul style="list-style-type: none"> • Moving to a modern coherent integrated system and working with a wide range of agencies • Access to support • Referrals not meeting the criteria • Workforce and demand • A rise in the number of young people • Pathway and access to assessments <p>SP questioned the investments and whether this would be recurrent or was just pump priming until additional funding was found. JF explained that there were significant one-off monies available, along with the Transformation Fund monies. Wiltshire Council and WCCG funding commitment was shown on page 15 of the draft plan.</p> <p>More engagement from schools was required. Six had been identified to host a Mental Health Practitioner, it is hoped that more would be reached through the re-commissioning of CAMHS and through the Healthy Schools Programme. A paper had been presented to the Health and Wellbeing Board to stress the importance of joint working. It would be a challenge to meet the demand. CG spoke of the HealthWatch Wiltshire Young Listeners project, which would be a great support to this work. Visiting those informal places used by young people and the use of digital services would be key in reaching those children and young people in need of this</p>	

	<p>support.</p> <p>An insufficient service was a risk to be noted. Impact score indicators would also be added to the risk register.</p> <p>ACTION: GOV/16/11/13.0 - Risk register to be revised to include risk of insufficient service and impact score indicators.</p> <p>ACTION: GOV/16/11/13.1 – Local Transformation Plan to be brought back to the Governing Body to review in March</p> <p>The Governing Body approved the Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing 2016-17.</p>	<p>JF/TW</p> <p>JF/TW</p>
GOV/16/11/21 (item moved)	<p>Salisbury Walk in Centre Report</p> <p>CS left the meeting for this item due to his conflict of interest.</p> <p>HB’s comprehensive presentation gave an overview of the Salisbury Walk in Centre’s (SWIC) provision, its history and the contract change in August 2016. Data from the last three months had been analysed to indicate patient use of the Centre. The minor injuries service had helped to reduce admissions to Salisbury A&E, especially those evening self-presenting cases.</p> <p>In answering questions, HB felt that attendances to SWIC of unregistered patients was relatively low and was not an issue. The current service now included a range of Clinicians to ensure the waiting time was reduced and work was cleared. At weekends, an average of eight patients could be seen per hour. Public awareness campaigns had been undertaken to promote the SWIC. A&E walks in could be targeted to reduce admissions. A letter could be issued to patients following treatment to inform them of the other options. SWIC would be included in the WCCG ‘around the clock’ promotional material to highlight its opening times.</p> <p>Co-location to Salisbury Hospital was raised, but this was not favoured. HB reported that there had not been much interaction with Medivo. Millstream were heavy users of the service, but no feedback had been received. The data would be highlighted to the Local Delivery Board.</p>	
GOV/16/11/14	<p>Standards of Business Conduct Policy</p> <p>DJN presented the Standards of Business Conduct Policy as recommended for approval by the Audit and Assurance Committee.</p> <p>New ‘Managing Conflicts of Interest’ statutory guidance had been published by NHSE in June 2016, although there was now a lack of clarity following the consultation exercise undertaken by NHSE. Revised guidance would be released in Spring 2017. The Policy to be adopted by WCCG encompassed those items certain to be implemented and would be revised in the Summer 2017.</p> <p>It is to become the Chair’s responsibility to manage the declarations of interests at meetings, but would remain the responsibility of the individual to ensure that declarations were raised and kept up to date. A process would be implemented to manage this and ensure meeting Chair’s were briefed accordingly.</p> <p>The Governing Body approved the Standards of Business Conduct Policy.</p>	
ITEMS FOR DISCUSSION		
GOV/16/11/15	<p>Integrated Performance Report</p> <p>DJN highlighted the following items from the report:</p> <ul style="list-style-type: none"> • A&E 4 hour target remained a challenge • RTT remained under target, but recovery plans were in place 	

	<ul style="list-style-type: none"> • IAPT and dementia diagnosis continued to be ahead <p>DMcA went through the Quality aspect of the report. CQC had undertaken a number of acute provider inspections. The CQC warning notice relating to safety in ED at GWH had been lifted, and SFT had undergone a re-inspection of the Spinal Unit with positive verbal feedback received.</p> <p>AWP's CQC report had been published. WCCG attended the Quality Summit on 2 November 2016. Post inspection workstreams related to places of safety and progression of acute care pathways.</p> <p>Wiltshire Safeguarding services had undergone a joint targeted area inspection with a domestic abuse focus in early November. Verbal feedback had been positive; the final outcome would be published in December. The team had identified a number of learning areas, including identification of hidden children and communication with the Multi-Agency Safeguarding Hub (MASH).</p> <p>Regarding the finance information within the report, SP reported that the required 1% surplus would be delivered if projected savings within the financial recovery plan were achieved. The prescribing activity continued to perform strongly, recording the identified savings. Two of the three acute provider contracts have been agreed, which would help to free up resources. Financial risks were shown on page 23 of the report. There had been higher Hospital Standardised Mortality Ratio (HMSR) at SFT. Recent staffing changes in palliative care had effected coding of mortalities, this was being investigated.</p> <p>AG expressed concerns over the Evolutio project and the potential extra workload to GP's from primary care. The pilot project was to be evaluated within the next four months and concerns would be addressed.</p> <p>DJN reported that the QIPP was not currently being achieved, but the report indicated the work and actions in place.</p> <p>CR questioned the CQC restrictions noted on page 41. JR explained that the restrictions to Mears in mid-May to mid-September had been referenced to provide background information. From mid-September figures improved and were now back up to normal levels in the urgent care at home service. Domiciliary care had transitioned to Mears for GWH, bringing challenges in picking up fast tracked cases, but generally providers were delivering as expected.</p> <p>The Governing Body noted the November Integrated Performance Report.</p>	
<p>GOV/16/11/16</p>	<p>Board Assurance Framework (BAF) and Risk Register</p> <p>DJN advised that EMT had reviewed the risk register, which had been brought to the Governing Body with recommendation from the Audit and Assurance Committee. Workforce skills continued to be a notable risk, along with RTT, urgent care, patient transport services, QIPP and Cancer treatment waiting times.</p> <p>The Governing Body noted the latest Board Assurance Framework and Risk Register.</p>	
<p>GOV/16/11/17</p>	<p>Sustainability and Transformation Plan (STP) Update</p> <p>DJN reported that the preparation of the STP continued with partner organisations, ensuring that Wiltshire's aspirations were represented. Collaboration across the footprint would help to improve delivery of services. Primary care service approaches would remain different to reflect local needs and geography. There had been good engagement through the four priority areas (Primary Care, Urgent Care, Planned Care and Preventative Care). The enabling areas of Workforce, Digital and</p>	

	<p>Estates were to be embedded across all. The public summary circulated with meeting papers was now available upon the WCCG website. Engagement events would be held in early 2017.</p> <ul style="list-style-type: none"> Operational Planning 2017/18 Update The draft WCCG two year operation plan referenced the nine 'must do's' stated in the national guidance. There would be financial challenges for the CCG. CG questioned the boundaries of the plan. Working across multiple areas with other STP's could be beneficial. 	
GOV/16/11/18	<p>Public Health Report 2015/16 FC presented the Public Health Report for 2015/16. This was the third year of public health services being delivered through Wiltshire Council.</p> <p>Highlights from the report included that life expectancy had increased and obesity in children and young people had reduced. GPs were assisting with health checks.</p> <p>Support to those with LD and the elderly population would link with commissioning and planning and would relate to the Joint Strategic Assessment.</p> <p>The Governing Body noted the Public Health Report 2015/16.</p>	
GOV/16/11/19	<p>Update on Delivery of Mental Health Strategy TW explained that the annual report provided an update on the achievements against the Wiltshire Health and Wellbeing Strategy approved in 2015 and the implementation plan in 2016. It had been agreed that updates would be brought to the Governing Body against the six key areas of activity. It mirrored the NHS Five Year Forward View.</p> <p>The Alzheimer's support had been meeting targets. Early mental health assessments and support had been implemented for pregnant women. A Joint Commissioning Intentions Board had been established, which would take forward the action plan. User representation is sought for the Board.</p> <p>The Governing Body noted the report and the recommendations to bring an annual report and a strategic measures and targets review paper to the November 2017 meeting.</p> <p>ACTION: GOV/16/11/19 – Mental Health and Wellbeing Strategy Annual Report and strategic measures and targets review paper to be brought to the November 2017 meeting.</p>	TW/FC
GOV/16/11/20	<p>Review of Register of Interests DJN explained that the WCCG and its Members had an obligation to review and declare interests. A number of Members advised of amendments to the presented register. A full review would be actioned to ensure the register was up to date and valid.</p> <p>ACTION: GOV/16/11/20 – Members and Colleagues to review their declarations of interests recorded on the Register of Interests.</p>	DJN/ALL
ITEMS FOR NOTING		
GOV/16/11/22	<p>Any Other Business</p> <ul style="list-style-type: none"> Rehab Support Workers PJ informed Members that a Chair's Action had been agreed between meetings with TC to release the funding to Wiltshire Health and Care to employ the Rehab Support Workers. <p>The meeting concluded at 13:15 hrs.</p>	

**Date of next Governing Body Meeting in Public:
 24 January 2017 10:00 – 12.30hrs at Southgate House, Devizes**