NHS
Wiltshire
Clinical Commissioning Group

DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY MEETING IN PUBLIC HELD ON TUESDAY 28 MARCH 2017, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES

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 Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Helen Osborn	HO	Medical Advisor
Dr Richard Sandford-Hill	RS-H	GP, Chair West
Dr Catrinel Wright	CW	GP, Vice Chair West
Dr Anna Collings	AC	GP Co- Chair, NEW
Dr Toby Davies	TD	GP, Chair Sarum
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
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Dina McAlpine	DMcA	Director of Quality
Lucy Baker	LB	Interim Director of Acute Commissioning
James Roach	JR	Integration Director

In Attendance:

Tony Millett	TM	Local Media – Marlborough News Online
Chris Graves	CG	Chair, Healthwatch Wiltshire
Frances Chinemana	FC	Wiltshire Council
Richard Compton	RC	Chair, Wiltshire Safeguarding Adults Board *(In attendance for item 12 only)*
Emily Kavanagh	EK	Manager, Wiltshire Safeguarding Adults Board *(In attendance for item 12 only)*
Christine Robinson	CRob	Quality Assurance Manager, Wiltshire Safeguarding Children's Board *(In attendance for item 12 only)*
Carol Fisk	CF	Clinical Lead, Wilton Community Team *(In attendance for item 13 from 10.45hrs)*

Non-Voting Members who always attend:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sharon Woolley	SW	Board Administrator

Apologies:

Dr Andrew Girdher	AG	GP Co-Chair North and East Wiltshire (NEW)
Jill Crook	JC	Registered Nurse
Sarah MacLennan	SMac	Associate Director of Communications and Engagement

ITEM NUMBER		ACTION
GOV/17/03/01	**Welcome and apologies for absence** PJ welcomed all to the meeting. Apologies were noted as above.	
GOV/17/03/02	**Questions/Comments from the public** No questions had been received.	
GOV/17/03/03	**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). (This includes any relevant interests previously declared on the Register of Interests) There were none.	
GOV/17/03/04	**Minutes of the meeting held on 24 January 2017** The minutes of the meeting held on 24 January 2017 were approved as an accurate record, following two amendments to item 10: • 'AWP in particular were reporting issues' to be changed to 'AWP in particular were reporting a high number of vacancies.' • 'The impact of the increase in Funded Nursing Care rates was being mitigated though reviewing eligibility' to be changed to 'being mitigated by through consistent application of the criteria.'	
GOV/17/03/05	**Matters Arising** There were none.	
GOV/17/03/06	**Action Tracker** The action tracker was reviewed and updated. **GOV/16/11/13.1: Local Transformation Plan (LTP) to be brought back to the Governing Body for review** – TW confirmed that the LTP update would be brought to the May meeting. **ONGOING** **GOV/17/01/10.1: Acute OPEL information to be brought to the March Governing Body meeting –** JCu reported that the OPEL information had gone to the Local Delivery Board on 21 March as part of the Board's role to oversee the three systems. The Integrated Performance Report (IPR) contained details of work undertaken to manage the urgent care pressures. **COMPLETED** **GOV/17/01/10.2: Camelot review of beds to be progressed –** JR reported that the review had been completed and plans for 2017/18 confirmed. Guidance was to be circulated to GP's by the end of the week to inform them of where the beds were situated. **COMPLETED** **GOV/17/01/10.5: Providers to ensure implementation of 'choice process' to reduce over subscription of care –** TC stated that BANES A&E Delivery Board were looking at how the process was being implemented. The focus was to be on the Home First model, with patients being assessed at home for their on-going care needs to ensure that care is not over subscribed. JCu would report back once the Home First model was reviewed by the Wiltshire A&E Delivery Board. **ONGOING**	**TW** **JCu**
GOV/17/03/07	**Chair's Report** PJ reported that the previously referred to 'winter pressures' were now all year round pressures on the urgent care system.	

	The CCG were supporting those practices that were falling into the vulnerable practices group. Interviews for the Interim Accountable Officer position were held on 9 March 2017, but unfortunately no appointment was made. TC would remain as the WCCG Interim Accountable Officer for as long as possible. The Armed Services Covenant was signed by Wiltshire's statutory bodies in early March, with DJN signing on behalf of the CCG. On behalf of the Governing Body, PJ welcomed CW to her first meeting as the Vice Chair of the West Locality Group. It was also noted that it was the last meeting for JR, thanks were expressed for his work for the CCG.	
GOV/17/03/08	**Interim Accountable Officer's Report** The report had been circulated with the meeting papers. TC highlighted the following: • There was a national focus on performance against the 4 hour target of urgent and emergency care. SFT had shown some improvement during February; however it continued to be a challenge for RUH and GWH. A national mandate of initiatives had been sent to all CCGs and Acute Trusts to get A&E performance back on track. A plan would be submitted to confirm how the CCG would work with the Wiltshire A&E Delivery Board to deliver against the identified actions. The two Discharge Summits identified patient flow issues. All 3 acutes were now working well with Wiltshire Health and Care towards the Home First model. Plans were being put into place to ensure resilience over Easter, ensuring resources and capacity requirements were identified with partners and providers. • The RUH was in the early stages of their review of the Maternity Services. Recommendations would be brought to the Governing Body in due course. CR informed Members that a full review of Maternity services had been undertaken recently by the Quality Team and reported to the Quality and Clinical Governance Committee and the Maternity Forum. This report would be brought to the Governing Body. • By the end of March it was expected that NHS England would release the details of next steps for Sustainability and Transformation Plans (STP) and the latest Five Year Forward View. TC anticipated that this would confirm the Government's commitment to progress the delivery of the New Models of Care and Accountable Care Systems. This would be reported against at the May meeting. • The recent Budget had included an additional £2bn of funding for social care. A meeting was to be held in early April with Wiltshire Council, Wiltshire Health and Care and the 3 Acutes to look at how these new monies could be used to the best effect. £100m of capital investment was to made to support the establishment of front door streaming. Capacity was there, but some changes would be required to ensure compliance. ACTION: GOV/17/03/08.0 – Quality Review Report on Maternity Services to be brought to the May Governing Body meeting. ACTION: GOV/17/03/08.1 – Report against the Five Year Forward View and the next steps for the Sustainability and Transformation Plan to be brought to the May Governing Body meeting.	**DMcA** **TC**
GOV/17/03/09	**Register of Sealing** No sealings were reported.	
ITEMS FOR DECISION		

GOV/17/03/10	**Better Care Plan Commissioning Intentions 2017/18** JR announced that the national Better Care Fund (BCF) guidance was still awaited, so this would affect the sign off of the Better Care Plan (BCP). JR went through the Commissioning Intentions paper, which reflected the main activity challenges for 2016/17. Key challenges for 2017/18 were listed on page 4 of the report, but overall there was a need to reduce admissions, recognise the finance pressures across the system and clinically and operationally review the schemes. Section 4 provided a clear platform for further integration of services and would encourage increased joint working with Wiltshire Council. The key additional costs were shown in section 6, which included the roll out of the Rehab Support Workers scheme by Wiltshire Health and Care with an allocation of £1.2m for 2017/18, indicating the commitment to change staffing models and the care provided to patients. The proposal to transfer the community equipment budget from the Joint Business Agreement to the BCF pooled budget was to be agreed, which would add an additional £4.477m to the budget. QIPP schemes for 2017/18 and 2018/19 were identified under section 8, with the aim of reducing admission growth. JR went through the detailed BCP commissioning intentions shown for section 9. MS raised concerns that the BCP seemed to be a 'bed based' programme, rather than encouraging and sustaining the assessments and services for patients at home. JR explained that unfortunately 'beds' was the default option due to the shortage in care packages, but acknowledged there was an integrated discharge opportunity. TW explained that the Wiltshire High Intensity Care programme would be monitored over the first quarter, and then targets set and rolled out. A follow up report would be prepared for the Joint Commissioning Board and the Governing Body. ACTION: GOV/17/03/10.0 – Wiltshire High Intensity Care programme follow up report to be brought to the Governing Body meeting when available. DMcA suggested that hours of care should be identified, rather than cases, and, using the Quality Improvement approach, outcomes and quality of care defined to ensure that efficiency of domiciliary care was improved and resources and capacity managed. JR confirmed that the move to outcomes based contracts was proceeding, and it was expected that the Rehab Support Workers scheme would assist with managing capacity across domiciliary care, along with the transition to packages of care. CG mentioned that the public's view of quality and outcomes for services was different to that of commissioners, but due to complexity and cost issues, were sometimes omitted and a reason for the default bed option. AC questioned the absence of the palliative care services noted on page 17 for the NEW area. JR clarified that the change to the service being run by Prospect meant that it had not moved forward. TW would follow this up at the End of Life Board. ACTION: GOV/17/03/10.1 – Palliative care services in the NEW area to be raised at the End of Life Board. Workforce was an issue identified, and ensuring that recruitment for schemes was attracting new staff, rather than just moving staff around. TW explained that during recruitment for the Rehab Support Workers, unfortunately some staff had moved across from other positions, rather than new employees, but that this was not encouraged and in the main they were not moving around. A focussed approach to schools and colleges was ensuring a wider audience. PL questioned whether the plans for workforce listed on page 23 were achievable. JR felt that the market would be the biggest factor in its achievement. The Rehab Support Workers scheme would make a significant impact, but would not solve the issue. To aid recruitment to vacant posts, the offer needed to be made more attractive, ensuring that training and development was provided, giving staff the confidence to make decisions.	**TW** **TW**

	The Better Care Plan Commissioning Intentions for 2017/18 and the Better Care Plan budget for 2017/18 were approved by the Governing Body.	
GOV/17/03/11	**CCG Constitution Amendment** DJN explained that some minor amendments had been made to the CCG's Constitution to reflect the move from joint delegated commissioning to full delegation. JCu added that the Terms of Reference for the new Primary Care Commissioning Committee were to be approved by the Committee later that day, and would come to the Governing Body for ratification. A full review of the Constitution would be undertaken in due course as some elements were now out of date. A revised Constitution would be brought to the Governing Body later in the year.	
ITEMS FOR DISCUSSION		
GOV/17/03/12	**Wiltshire Safeguarding Adults Board (WSAB)** RC, Independent Chair of the WSAB, gave a comprehensive presentation about the work of the Board, and working in partnership with the CCG. RC provided some strategic background information, which provided the focus for the Board. The pressures of reducing budgets, system changes and the impact on the resilience of community support services gave a link between the WASB and the CCG's STP. The implementation of the Care Act 2014 gave the Board a statutory framework to operate under, giving overall responsibility of the provision of safeguarding services. This had lifted the interest and effort of Board members. Slide 4 illustrated the membership of the Board, which included the three core members; Wiltshire Council, the WCCG and Wiltshire Police. The WASB had set its priorities for 2016-18, with the 'personal agenda' and prevention being key to all services. The governance and infrastructure of the Board had been reviewed, and it was now supported by a full time Manager. Achievements of the Board to date included the production of the safeguarding adults' staff guidance, improving standards in safeguarding and the sharing of learning across agencies. Multi-agency strategies were being developed to prevent escalation of cases. Relationships were being developed with service users and carers to ensure they were given a voice and to aid service improvement. Looking forward, RC added that a prevention strategy was being developed and that he was actively encouraging cross working with other Board's and partnerships to ensure strategies and developments were not done in isolation and learning shared. RC would like to see increased working with Primary Care and would welcome a representative upon the Board. MS questioned the training on offer to the workforce to ensure that the safeguarding teams could meet expectations. RC explained that a review had recently been carried out which had identified workforce issues. Using this research, the WASB would be working with the Wiltshire Safeguarding Children's Board and other agencies and partners to identify ways to mitigate the risks. A holistic family view was to be encouraged. CRob informed Members that the age of Children's safeguarding services was being raised to 25 to ensure care continued, providing a smoother transition to Adult Safeguarding support services.	

	DMcA currently represented the CCG upon the WASB. Capacity of health representatives was an issue and work was needed to support engagement from the community, partners and agencies. The Multi-Agency Safeguarding Hub (MASH) had been a great success in supporting Children's services. It was hoped an adults services MASH would in place by 2018.	
GOV/17/03/13	**Integrated Performance Report** **a) Patient Story** Unfortunately, patient Mrs Christine Leach, was unable to attend the meeting due to being unwell, but her story would be told through CF. CF spoke of Mrs Christine Leach, who lives alone in Salisbury with a limited support network. Mrs Leach had a prolonged stay at the Salisbury Foundation Trust for two years with unstable/brittle asthma, and anaemia, (latterly gastrointestinal problems - diagnosed coeliac disease). Following this Mrs Leach was transferred to Southampton General Hospital to the Specialist Asthma unit for nine weeks, then through a co-ordinated discharge, moved to Warminster Community Hospital for rehabilitation for two weeks back in June 2015, before going home with support from the multi-disciplinary team (MDT) community team. This included regular visits from the nurses, therapy workers, care co-ordinators and CF. Mrs Leach was then living independently and mobile, managing her own medication. Unfortunately she was re-admitted to SFT in September 2015 with a twisted colon, where she stayed for six weeks. Since then, Mrs Leach was living back at home independently and was well and still attending outpatient appointments at SFT and at Southampton to enable continuity of support and reviews of her condition. The removal of that constant support network provided within the hospital setting can be a daunting experience. CF was able to assist Mrs Leach to build up her independence and confidence again through goal setting, enabling her to come out of rehab and back home. CF had shown Mrs Leach how to manage her illness and medication, and now she only seeks help when unwell. CF acknowledged the good communication throughout this period with Mrs Leach by all services involved. CF was now currently providing monthly support to Mrs Leach through regular visits, providing medical monitoring and liaison with her GP. This would lessen to every three months in due course. On evaluating the experience, CF felt that one improvement to the medical services could be to have more timely support available when needed; appointment access had sometimes been difficult. The flagging system had now been implemented at the Practice to enable immediate access. There was a need to personalise the services offered and to reset the default to ensure that patients were offered the 'go home' option (where a support network was available), rather than staying in the hospital setting. It would need a culture change amongst staff to tackle the 'risk adverse' nature and better communication to ensure that all advice and support linked up. **b) Elective Activity** LB informed Members that ensuring patients were not waiting longer than needed for treatment remained a priority. Plans were implemented in May 2016 to ensure activity was redirected away from pressured acutes to other providers. Since May, 3000 patients had been treated at alternative providers, and where possible, closer to home.	

Additional funds had been re-invested into the work, alongside further funds allocated by NHS England, to assist with clearing the backlog of those patients waiting over 18 weeks for treatment. In January 2017, 62 patients were treated quicker due to redirection, and a further 88 up to March. SFT had seen challenges in recording activity from November to January following the implementation of their new patient administration system and data warehouse. The figures against the constitutional targets were now validated and indicated that 92% had been achieved against the national target of 92.2%.

The three acutes and alternative providers were getting better at collaborative working to ensure a complete end to end pathway. There was a national focus on the A&E 4 hour target. February had seen challenges that had continued into March but all three acutes were committed to working towards achieving the target. TC alluded to the report that 8% of those patients taking up a bed at the RUH at midnight were elective patients, which indicated the urgent care pressures seen by the acutes. Day cases were being treated by other providers where possible.

There had been a 6 week backlog of Endoscopies at SFT, but this was expected to be cleared in March.

Workforce issues recorded across the Sustainable and Transformation Plan (STP) footprint had impacted upon the Cancer treatment waiting times as staff supported other areas of urgent care. Remedial action plans were now in place and focus redirected to elective care.

The Cancer 2 week waiting times had deteriorated in January. TD reported that a delay in treatment following diagnosis was also being recorded. LB assured Members that all targets were being closely monitored. Due to pressures on the urgent care system in January, Cancer treatment appointments had been cancelled, but these patients were now being rebooked. Where appropriate, some patients were being reassessed to ensure that a 2 week Cancer appointment was required. Some patients were also choosing not to confirm their appointment within the 2 week timescale. Further information was to be passed on to patients to ensure they were clear of treatment information and timescales. A root cause analysis (RCA) had been requested to look at the breaches under the 104 days cancer target.

CW expressed that her experience was that access to specialised appointments was becoming difficult. CW suggested that additional support/briefing information could be given to GP's to assist with diagnosis. LB stated that the CCG had supported guidance and advice that could be shared. SFT had recently initiated email advice, with responses sent within 48 hours.

CS questioned what else could be done to support those patients whilst on the waiting list for elective care. LB explained that the backlog was being cut by targeting the front end of the service; through outsourcing, implementation of clinical policy changes and increasing acute capacity. Patients were being re-stratified through routine monitoring (if not yet past the pre-referral stage) and re-assessment, to see if surgery was still needed.

Integrated Performance Report

The report reflected the high levels of activity across the system and the impact seen on the achievement of the A&E targets. DJN explained that the patient flow had been a key challenge across the period. The trajectories of the Operational Plan were to be reviewed to provide assurance against the QIPP plans. The procurement of Integrated Urgent Care and Children and Adolescent Mental Health Services continued to be on track. The second cohort for the GP Mastermind programme commenced and the leadership training programme was successfully launched.

	Quality DMcA reported that the pressures on the Emergency Department had been seen across all three acutes and had an impact upon patients. From the key issues shown on page 4 of the report, DMcA highlighted the increase in rates of falls for AWP, the team were looking at the pattern and triggers to better understand the figures. These were only reported through the serious incident framework when aggregated. A workshop was being held later that day to better understand the guidance. The CCG was working with Swindon CCG, GWH, NHS England and NHS Improvement to review the evidence of the impact upon patients against the 12 hour Decision to Admit breaches at GWH. The high vacancy rate at AWP continued to be a challenge, monitored through the monthly contract meetings using the recruitment and retention plans. From a quality aspect, the team were monitoring the impact of staffing levels on patients, looking at the themes and trends and the reliance on agency nurses. This was an identified risk on the risk register. TW added that where gaps had been found in recruitment and retention plans, improvements had been requested to give assurance to the CCG, along with the implementation of exit strategies. It was encouraging to see an improvement in the recommendation rates through the Friends and Family Test. The thematic review of independent hospitals had been included within the report. Mortality indicators were creeping up in the acutes. The Gloucestershire STP had formed a Mortality Review Group, which could be considered for Wiltshire. Wiltshire Health and Care would undergo a CQC inspection in June 2017. Inspections were currently underway with GWH and Virgin Care. DMcA confirmed that there had been an increase in cooperation and closer working amongst the providers following increased communications and the sharing of the quality outcomes. **Finance** SP reported that the finances remained in a stable position. With the acute arrangements in place, it had enabled a focus on 2017/18 and the additional work towards the referral to treatment following the additional funding. To adhere to the NHS England Business Rules, a 1% headroom was to be held. SP referred to a letter received from NHS England's Chief Financial Officer, Paul Baumann, which stated that the 1% was to be released to the bottom line to reduce the deficit to commissioning and NHS overall. This would see a £5.7m change to the Month 12 position, recording a £11.6m surplus. TC felt that these changes were creating a confusing picture for the public concerning the state of the NHS finances, bringing difficult discussions. CCG's have requested that a national statement be released from NHS England to ensure one overall position was shown. SP wished to note his thanks to all CCG staff and GPs for their positive response to the financial recovery plan, enabling the CCG to be in this stable position.	
GOV/17/03/14	**Sustainability and Transformation Plan Update** This was covered under item 8.	
GOV/17/03/15	**Primary Care Delegated Commissioning** JCu reported that the application had been submitted on 5 December 2016 following the approval to proceed with the full delegation application by the	

	Governing Body in December, and support of the mandate that was sent to Members. NHS England had approved the application, with full delegation to commence from1 April 2017. A Delegated Agreement was to be submitted. Some risks and variations had been identified. JCu had attended the Audit and Assurance Committee meeting on 14 March 2017 to provide details and raise associated risks with Members and the auditors. NHS England would support the 12-18 month transition plan, but have confirmed that there would be no transfer of staff or resources. The Delegated Commissioning budget for 2017/18 would be £61m.	
GOV/17/03/16	**Right Care** The paper prepared by MH gave an update of the Right Care programme since the last meeting. The aim was to drive out unwanted variation and focus on the quality perspective, with the anticipation that this would also bring some financial savings. MH went through the actions included in the report. Updates would be brought to each Governing Body meeting, unless there was nothing to report. The paper included a list of the identified areas for initial work. Financial information had been included as requested by NHS England. The Governance for the Right Care programme was shown in figure 1. This structure would ensure links were maintained and Right Care evidence was used, but giving that single point of oversight. A meeting was being held with the Delivery Partner to develop the prioritisation tool, which would consider the Operational Plan and QIPP plans. A full deep dive against work streams was required, some areas were already underway. MS added that through this programme it was expected that it would bring better quality outcomes for our patients, highlight data, improve services and lead to a 'business as usual' approach. To the acutes, this programme was known as the Carter Review. A presentation from Phil da Silva at the Chief Nurses Officer Summit in March 2017 had helped to raise awareness of the programme. TD questioned if the reduction of 40% (equating to £7m) was realistic. MH felt that through reviewing variations this could be achieved, although he reiterated that this programme was to focus on the work rather than the finances. Information about this programme and the areas of variation to be reviewed had been fed down through the STP and providers. The top end opportunities would come through best performance. The CCG was within the average for most.	
GOV/17/03/17	**Any Other Business** • Production of Papers – CR requested a reduction in the use of acronyms in papers, and for consideration to be given to the production of a summary paper, rather than the circulation of a full paper to Governing Body Members.	
ITEMS FOR RATIFICATION AND NOTING		
GOV/17/03/18	The Governing Body noted and ratified the following items: • Procurement Strategy • Records Management Strategy • Finance and Performance Committee Terms of Reference • NHS Funding Settlement Impact and Budget Setting 2017-18 • Quality and Clinical Governance Committee Terms of Reference • Remuneration Committee Terms of Reference • Board Assurance Framework and Risk Register	

	The Governing Body noted the following items for information: • Audit and Assurance Committee meeting minutes – January 2017 • Quality and Clinical Governance Committee meeting minutes – November 2016 and January 2017 • Primary Care Joint Commissioning Board Committee meeting minutes – September 2016 • Annual Equality and Diversity Report	
	The meeting concluded at 12.35hrs.	

Date of next Governing Body Meeting in Public:
23 May 2017 10:00 – 12.30hrs at Warminster Civic Centre