



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY 25 JULY 2017, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES**

**Voting Members Present:**

Dr Peter Jenkins	PJ	WCCG Chair
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Richard Sandford-Hill	RSH	GP, Chair West
Dr Anna Collings	AC	GP, Vice Chair, NEW
Dr Toby Davies	TD	GP, Chair Sarum

**In Attendance:**

Mark Harris	MH	Chief Operating Officer
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Dr Helen Osborn	HO	Medical Advisor
Andy Jennings	AJ	Head of Commissioning
Steve Maddern	SMad	Consultant in Public Health, Wiltshire Council
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Alison West	AW	Associate Director of Quality
Sharon Woolley	SW	Board Administrator
Chris Graves	CG	Chair, Healthwatch Wiltshire
Barbara Shields	BS	Patient Story ( <i>in attendance for item 12a only</i> )
Simon Yeo	SY	Estates Advisor ( <i>until 10.55hrs</i> )
Ruth Evans	RE	Capita ( <i>until 10.55hrs</i> )
Rosie Fisher	RF	Internal Audit, PwC ( <i>observing</i> )
Nick Westbrook	NW	Lead for the Melksham Neighbourhood Plan ( <i>member of the public – in attendance until 10.55hrs</i> )

**Apologies:**

Jill Crook	JC	Registered Nurse
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Dina McAlpine	DMcA	Director of Quality
Lucy Baker	LB	Acting Director of Acute Commissioning
Dr Catrinel Wright	CW	GP, Vice Chair West
Tracy Daszkiewicz	TDas	Consultant in Public Health, Wiltshire Council
Dr Andrew Girdher	AG	GP, Chair North and East Wiltshire (NEW)
Dr Chet Sheth	CS	GP, Vice Chair Sarum

ITEM NUMBER		ACTION
GOV/17/07/01	<b>Welcome and apologies for absence</b> PJ welcomed all to the meeting. Apologies were noted as above.	

<p><b>GOV/17/07/02</b></p>	<p><b>Questions/Comments from the public</b></p> <p>PJ informed Members that a question had been received from Mr Nick Westbrook, the lead for the Melksham Neighbourhood Plan, concerning item 10 on the agenda – Strategic Outline Case for Chippenham, Melksham and Trowbridge - on how the CCG could best work with the Melksham Neighbourhood Plan Group over the coming months to explore various possible locations within the Melksham area as part of the Outline Business Case stage of the business planning process and the completion of the Melksham Plan.</p> <p>PJ explained that if the CCG's Strategic Outline Case was approved later on the agenda, this would trigger a range of further activities of which one would be a land search within Chippenham, Melksham and Trowbridge area to accommodate a new hospital.</p> <p>The search would be in 2 phases. Phase 1 would be a broad search to identify sites of a suitable size in the search area which would come to the Governing Body with a recommendation of where further investigation was required. Phase 2 would be a more detailed piece of work related to each site to assess accessibility, valuations, likelihood of acquisition, supporting infrastructure etc. This detailed piece of work would be subject to approval from the Governing Body to move on to phase 2.</p> <p>PJ explained that the Strategic Outline Case sets out the case for change. If the Strategic Outline Case was agreed, one of the next steps would see the development of a communication and engagement plan – this would ensure that key stakeholders were engaged, presenting an opportunity to take in a range of views and ensure work in other areas was considered, such as the emerging Melksham Neighbourhood Plan 2016 – 2026.</p> <p>A written response would be sent to Mr Nick Westbrook following the meeting.</p> <p><b>ACTION:</b> GOV/17/07/02 – Written response to be sent to Mr Nick Westbrook concerning the question raised for the meeting.</p> <p>Mr Westbrook explained that the Neighbourhood Plan Group were to meet on 26 July 2017 to discuss the housing site allocations. There was a need to safeguard potential sites around Melksham to be in tune with the Strategic Outline Case work of the CCG.</p>	<p><b>SW</b></p>
<p><b>GOV/17/07/03</b></p>	<p><b>Declarations of Interests</b></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). (This included any relevant interests previously declared on the Register of Interests)</p> <p>There were none. The meeting was quorate.</p>	
<p><b>GOV/17/07/04</b></p>	<p><b>Minutes of the meeting held on 23 May 2017</b></p> <p>The minutes of the meeting held on 23 May 2017 were approved as an accurate record.</p>	
<p><b>GOV/17/07/05</b></p>	<p><b>Matters Arising</b></p> <p>There were none.</p>	
<p><b>GOV/17/07/06</b></p>	<p><b>Action Tracker</b></p> <p>The action tracker was reviewed and updated.</p>	

	<p><b>GOV/17/05/05</b> – LP would ensure that consideration was given to the level of detail needed when preparing papers for the Governing Body. <b>CLOSED</b></p> <p><b>GOV/17/05/11.1</b> – A report on the Prescription Ordering Direct scheme would be brought to the November meeting to ensure there was six months of data. <b>ONGOING</b></p> <p><b>GOV/17/05/12.1</b> – Anonymised occurrences of dual diagnosis to be followed up with AC and TD. <b>ONGOING</b></p> <p><b>GOV/17/05/13</b> – MH would follow up with LB. <b>ONGOING</b></p> <p><b>GOV/17/05/14</b> – MH explained that the referral pathways and form reviews were to be reflected in the next Integrated Performance Report. <b>CLOSED</b></p>	<p><b>JCu</b></p> <p><b>SW</b></p> <p><b>MH / LB</b></p>
<b>GOV/17/07/07</b>	<p><b>Chair's Report</b> PJ opened his report by welcoming new Interim Chief Officer, Linda Prosser, who had joined the CCG at the end of June.</p> <p>The CCG's AGM had been held on 20 June 2017, with over 20 external representatives in attendance. The Annual Report and Accounts were approved. A stakeholder event followed the AGM, with 30 stakeholders in attendance to focus on the challenges facing Primary Care and the proposed Integrated Urgent Care Model for Wiltshire, BANES and Swindon.</p> <p>The CCG and Wiltshire Council were delighted to support the Wiltshire Investor in Carers Award. PJ and Cllr Jerry Wickham had presented awards to 44 of the 55 practices who had participated in the scheme. The awards recognised and celebrated those Wiltshire GP practices who had gone above and beyond for unpaid carers. The scheme ensured carers were identified, flexible appointments were available, health pressure breaks were offered and carers events were held. The support of this scheme signified the commitment from the CCG, the Council and Wiltshire's practices to support unpaid carers.</p> <p>The CCG's People's Group had organised a successful Wimbledon theme event for all staff at the beginning of July. There had been good staff participation.</p> <p>PJ also informed Members that he was to resign from the Clinical Chair role at the end of September. An election was underway via the Local Medical Committee to find a new Chair. JCr was to resign from her role as the Registered Nurse at the end of August. PJ wished to note his thanks on behalf of Members for her work and commitment.</p>	
<b>GOV/17/07/08</b>	<p><b>Interim Chief Officer's Report</b> The report had been circulated with the meeting papers. LP highlighted the following:</p> <ul style="list-style-type: none"> <li>• NHS England had rated the CCG on the Integrated Assessment Framework for 2016/17 as 'Good'. This was an excellent achievement for the CCG and gave an overall, clear sense of where the CCG was strong, areas to maintain and areas for improvement. It gave a platform to stretch to get to the 'Outstanding' rating, which Wiltshire strived to achieve.</li> <li>• The structure of the Executive Team was being reviewed to ensure strategic focus and accountability requirements are met.</li> <li>• Work was underway with Wiltshire Council to progress towards a joint CCG Chief Officer and Director of Adult Social Services. A joint statement of intent had been issued and presented to the Health and</li> </ul>	

	<p>Wellbeing Board. This was shown in Appendix A. It was vital to ensure that the correct arrangements and governance were in place.</p> <ul style="list-style-type: none"> <li>• The Local Medical Committee was to commence recruitment for a replacement Clinical Chair for the CCG on 26 July 2017. LP wished to acknowledge that PJ had led the CCG to a good point over the last two years.</li> <li>• The Sustainability and Transformation Partnership was going through a change in personnel. The Senior Responsible Officer, James Scott, had resigned and an Interim Programme Director had been appointed on a six month basis.</li> <li>• Accountable Care Systems (ACS) were to be a different delivery vehicle, providing a joined up service, working across boundaries. Eight ACSs across the country were already in place. Wiltshire was not in the first cohort. Learning would be taken from those involved in the first cohort to determine what the ACS landscape would look like across the STP.</li> </ul>	
GOV/17/07/09	<p><b>Register of Sealing</b> There had been no sealings since the last meeting.</p>	

#### ITEMS FOR DECISION

GOV/17/07/10	<p><b>Strategic Outline Case for Chippenham, Melksham and Trowbridge</b></p> <p>SP gave some background to the key work done to address the service and operational issues arising across primary care. Two key areas impacting upon the estates for 2016/17 was the move to full delegation of primary care to the CCG and the transfer of community estates. Those community estates were not in the best condition and would require significant investment. The location of some estates was also unfavourable.</p> <p>Work on reviewing the estates had begun, commencing with the Chippenham, Melksham and Trowbridge areas. The Strategic Outline Case (SOC) had some financial challenges associated with it. It had not taken into account the impact and action which the CCG would have to action and invest in if this SOC was not progressed, this would be considered in the next phase.</p> <p>RE explained that Capita had been commissioned by the CCG to develop the SOC. It provided a high level view of the strategic direction of the work for the five cases for the Chippenham, Melksham and Trowbridge area. It outlined a need for change to make services sustainable. The SOC identified the preferred way forward and direction of travel, but it was noted that there was no commitment at this stage. The Outline Business Case (OBC) would contain more detail around sustainability and affordability. The SOC process to date had used baseline information to analyse activity. The financial baseline information had considered the commissioning intentions and STP, and workshops had been held to score the options. Stakeholders had been consulted and a preferred way forward was noted in the report. Each stage of the process would be brought back to the Governing Body for approval.</p> <p>14 options had been considered, this process was detailed in the report. Option 11 was the preferred way forward, meeting local priorities, commissioning intentions, national intentions set out in the NHS Five Year Forward View and the needs of the growing population. Option 11 would bring one community hub, one community spoke and three urgent treatment centres. The location of these had not yet been agreed, work on this would continue in the next phases if the SOC was agreed. Other projects, such as the Trowbridge Estates and Technology Transformation Fund (ETTF), would be taken into consideration. This would not progress in isolation.</p>	
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	<p>The report recommended approval of the SOC and the preferred way forward, continuation of the Trowbridge ETTF schemes and the 22 actions shown in Appendix 5.</p> <p>Members felt that the term 'Urgent Treatment Centre' needed to be reviewed in light of the more recent NHSE definition and requirement of what is provided from Urgent Treatment Centres. RE and SY would review this as part of the next steps.</p> <p><b>ACTION: GOV/17/07/10.0 – The term 'Urgent Treatment Centre' to be reviewed as part of the next steps.</b></p> <p>TD questioned the estates strategic plan for Wiltshire, and requested assurance that South Wiltshire would soon be considered. SP understood concerns, but stated that the programme was to roll out across the county. Action three of Appendix 5 referenced the need to undertake a Strategic Outline Programme for the whole of Wiltshire. The Estates Strategy was currently in development, but had been impacted by the strategic review of services. A draft strategy would be brought to the September Governing Body meeting. There was also a need to refresh the Community Strategy, this would be aligned.</p> <p><b>ACTION: GOV/17/07/10.1 – Draft Estates Strategy to be brought to the September Governing Body meeting.</b></p> <p>CG felt that publication of this document could see public disapproval as it was not part of the County Plan and Area Board Plans. There would be a perception that investment was being made into an already privileged area, and that other struggling areas were not part of the commitment to the county. (The quality or relevance of the report was not in contention). LP explained that this was funding to develop primary care, and that the overarching plan was being developed. SP added that the cost of not doing anything also had to be considered, and that significant investment would be needed regardless. This initial Case needed to be a success, delivered within a reasonable timescale and demonstrate the best for Wiltshire and its residents. The communication and business strategies would need to pick up the issues raised by CG. Due to limited resources, it was not possible to progress this work quicker than planned, also the Estate Strategy priorities needed to be agreed first. LP stated that there was a commitment to prepare a deliverable timetable against the Strategic Outline Programme work, which would be brought to the September meeting.</p> <p><b>ACTION: GOV/17/07/10.2 – Strategic Outline Programme timetable to be brought to the September Governing Body meeting.</b></p> <p><b>The Governing Body approved the Strategic Outline Case for Chippenham, Melksham and Trowbridge and the preferred way forward, acknowledging that a timetable would be brought to the September meeting.</b></p> <p><i>(RE, SY and Mr Nick Westbrook left the meeting)</i></p> <p><i>(BS joined the meeting)</i></p>	<p><b>SY / RE</b></p> <p><b>SY / SP</b></p> <p><b>SY / SP</b></p>
<b>ITEMS FOR DISCUSSION</b>		
<p><b>GOV/17/07/12</b> <i>(item moved)</i></p>	<p><b>a) Patient Story</b></p> <p>Barbara Shields was welcomed to the meeting. Barbara was in attendance to share her experience of the Home First and Rehab Support Worker (RSW) schemes. Barbara explained that she had fallen in her garden and broken her wrist; she was taken to Salisbury District Hospital by a friend. Barbara was an inpatient at Salisbury for one night, where she received "tremendous care". X-</p>	

rays were taken, and a plaster fitted. Salisbury staff had agreed that she would be discharged home through the Home First pathway to ensure she had adequate care whilst unable to look after herself. Barbara explained that six carers (Rehab Support Workers) had supported her during her recovery. She had received “exceptional support” and was very impressed with the service. Although there were six RSW’s, they were all up to speed with her care requirements and were able to care for her well. Barbara did note that one of the RSW’s was clearly new and was in the training stage, but she was very helpful. Barbara had sent a letter of thanks to the Manager at Wiltshire Health and Care for the support they provided through the care pathway.

In answering questions, Barbara explained that she had initially been allocated seven mornings of care, but the RSW’s stayed for an extra five mornings until she was at a stage where she could wash and dress herself. After 12 days Barbara was able to manage for herself. She had been kept informed throughout and had not felt anxious about returning home.

AC explained that a number of patients reported that they lost their independence when in hospital. Barbara had remained friendly throughout her hospital stay and during her home care, which she felt was important. Barbara felt that it was also a responsibility of the patient to ensure that decisions were made concerning their own care.

Barbara felt that she had needed the one night in hospital, as she required that level of care. Initially Barbara had not been aware of the RSW’s coming in to provide the care package, but they did then keep her informed throughout her care package of the next steps.

AW mentioned that Wiltshire Health and Care confirmed that moving forward each integrated team would have four RSW’s as part of the Home First scheme, therefore patients would see one of four RSW’s, it was hoped that this would improve the continuity of care. The use of SystmOne would also help as all RSW’s would have the previous notes with them, so would be able to clearly see the care that has been previously given (as well as the care plan).

PJ thanked Barbara for attending the meeting to share her story and experience.

*(BS left the meeting at 11.00hrs)*

**GOV/17/07/11**

**Quality Accounts**

AW explained that the Quality Accounts were an annual report to the public from commissioned providers of NHS healthcare services regarding the quality of services provided. Quality improvements and intelligence indicators were reviewed as part of this report, as well as through regular assurance visits and clinical quality review meetings.

AW highlighted areas from each Appendix against Salisbury Foundation Trust, Great Western Hospital, Royal United Hospital, Wiltshire Health and Care, BMI Bath Clinic, Avon and Wiltshire Mental Health Partnership and the South West Ambulance Service Foundation Trust.

CR questioned the value of these Accounts due to other reports received throughout the year containing more detail. AW explained that this report was a summary of the high level Quality Accounts prepared by providers for the public. LP explained that the Governing Body was responsible for reviewing and ratifying the Accounts. It was suggested that a rating could be incorporated into the report to indicate if the Quality Team agreed with each provider’s self-



next Report.

SP reported that Month 3 showed that the CCG was on track to deliver the in-year surplus of £57k, which was an improvement on previous years. Different reporting was now in place; it was no longer cumulative.

Due to the timing of this report, there had been limited information for month 3. The Service Level Agreement issues were being worked through. There were a number of forecast variances on acute independent sector budgets, Funded Nursing Care and running costs. Some were being offset.

The risks had been reviewed and amended; some had been removed as they were no longer a risk, or were being managed within existing budgets. QIPP reporting needed to be more secure. Transfer of community estates had been added as a new risk due to the impact of some of the cost pressures relating to the transfer of property from GWH to NHS Property Services.

MS questioned the financial risk of specialist placements. SP explained that risks were being flagged up. The offer of placements would not be stopped, but it would be ensured that the offer was for the right patient type for that model of care.

MH spoke to the Access Issues and NHS Constitutional Targets section of the Report. The Referral to Treatment figure was under target at 91.6%, but the 92% target was achievable, equating to a difference of 110 patients under the 18 weeks target. This needed to be consistent and maintained across the three acutes and the three CCG's. The CCG had one patient in May and nine in June waiting more than 52 weeks. A Root Cause Analysis report was to be undertaken and the learning shared.

Diagnostics was below target at 97.6%. Support would be offered to providers to determine which tests were causing issues and to ensure systems were correct.

The CCG had achieved seven out of the nine cancer NHS Constitutional standards, it did not achieve the two week wait for breast symptomatic and the 62 day screening targets for May. RUH had reported workforce issues, with limited radiologists. The 62 day screening target was achievable. Financial sanctions would have to be applied if targets continued to be breached. MS questioned if those two week wait patients being seen were as needed. As the commissioner, the CCG should insist that learning was shared across the acutes. A clinically credible plan was required to triage patients. AJ explained that a national review of the breast cancer pathway was due. GWH had proposed a triage plan. A proposal was being developed to discuss at the meeting being held on 26 July 2017 to get a national steer.

Performance had dipped against the A&E access target. JCu reported that this was a focus with colleagues, but would be a challenge whilst also preparing the winter plans for September. A&E figures were affected by internal flow. SFT had a smaller A&E department, with more minor admissions and the safer patient flow bundle was in place. Admissions impacted upon the whole hospital, not just ED. SFT had been more consistent in their achievement against the A&E target and was one of the best performers in the South. A good programme of work had been undertaken with SFT to get them to this consistent position. This work now needed to be extended to other acutes. Delayed Transfer of Care (DTC) had received an increased national profile recently. Again, meeting the 5% expectation would be a challenge whilst also preparing for winter. A more detailed update against DTC activity would be reported against at a future meeting. CG was aware of a national DTC inspection regime being introduced and queried when Wiltshire would receive an inspection of its partnership. LP

	<p>stated that Wiltshire had not been in the first tranche, but it should be expected in the future if Wiltshire's DTOC figures do not improve. New monies into Social Care would help improve the target. The proposed trajectory to monitor was being finalised with Wiltshire Council.</p> <p><b>ACTION:</b> GOV/17/07/12 - Detailed update against DTOC activity to be reported against at a future Governing Body meeting.</p> <p>TW explained that there had been some slippage against the Dementia Diagnostic target following the change in denominators, but this should now improve. The new Rehab Support Workers and Home First schemes would now impact upon the Community Services performance.</p> <p>MH referred to page 36 of the report which listed the Urgent Care QIPP workstreams. Discussions at the Finance and Performance Committee focussed on the detail behind these and the actions against each milestone. Planned Care projects were mainly rated as green, the benefit of each was now being seen. There had been a reduction in referrals to secondary care through the Demand Management Referral Management Centre, and a 'hold file' logic was being applied through the Patient Initiated Follow Up project against those on the waiting list.</p> <p>In referring to page 39 of the report, TW informed Members that Integrated Teams were fully operational, but consistency was being looked at.</p>	<p><b>JCu / Sue Shelbourne-Barrow</b></p>
<p><b>GOV/17/07/13</b></p>	<p><b>Review of Register of Interests</b></p> <p>MH informed Members that the most up to date Register of Interests had been circulated with the meeting papers. The policy overarching the register had been updated to align with the new guidance issued by NHS England. The register was to now include all CCG staff. MH reminded Members that complete information was required. The register would be presented to the Governing Body three times a year.</p>	
<p><b>GOV/17/07/14</b></p>	<p><b>Integrated Urgent Care Procurement Update</b></p> <p>JCu reminded Members that a preferred provider had been chosen to progress the Integrated Urgent Care procurement. The team were now working through a series of further diligence towards making the award.</p> <p>A Joint Governing Body meeting was to be held on 21 September 2017, involving Wiltshire, BaNES and Swindon CCG's and Wiltshire Council. This meeting would enable a joint decision to be made about the contract award.</p> <p>JCu requested that the Governing Body delegated responsibility to a smaller group of non-conflicted Members to ensure a decision could be made, whilst still quorate. A collaboration agreement had been prepared that each CCG would need to sign up to beforehand. Details of the procurement and award would be brought to the full Governing Body meeting on 26 September 2017.</p> <p>The Governing Body approved the delegation of the procurement decision to a smaller, quorate group of non-conflicted Members.</p> <p><b>ACTION:</b> GOV/17/07/14 - Details of the Integrated Urgent Care procurement and award to be brought to the Governing Body meeting on 26 September 2017.</p>	<p><b>JCu</b></p>
<p><b>GOV/17/07/15</b></p>	<p><b>Right Care</b></p> <p>MH provided an update against the Right Care programme. Development of the data packs had been planned, but additional assurance actions had been completed as a priority.</p>	

	<p>Inputs, activities, outputs and outcomes for the patient were to be a focus, not just on the potential financial savings. The report summarised the prioritised areas and the potential opportunities in other areas. NHS England were keen to see the Right Care programme move forward.</p> <p>The next step would look at what the information identified as improvements to be made within each area, the variation and likelihood of change and savings. MH gave an example concerning MSK – additional monies needed to be spent on the service and its model to then see a saving.</p>	
<b>GOV/17/07/16</b>	<p><b>Any Other Business</b> There were none.</p>	
<b>ITEMS FOR RATIFICATION AND NOTING</b>		
<b>GOV/17/07/17</b>	<p>The Governing Body noted and ratified the following items:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework and Risk Register</li> <li>• Primary Care Commissioning Committee Terms of Reference</li> </ul>	
	<p>The Governing Body noted the following items for information:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance Committee meeting minutes – May 2017</li> <li>• Finance and Performance Committee meeting minutes – May 2017</li> <li>• Quality and Clinical Governance Committee meeting minutes – May 2017</li> <li>• Primary Care Joint Commissioning Committee meeting minutes – March 2017</li> <li>• Health and Wellbeing Board meeting minutes – May 2017</li> </ul>	
	<p>The meeting concluded at 12.10hrs.</p>	

**Date of next Governing Body Meeting in Public:  
26 September 2017, 10:00hrs at Chippenham Town Hall**