

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY, 22 SEPTEMBER 2015 AT 10:30 IN THE CORN EXCHANGE,  
DEVIZES**

**Present:**

Dr Peter Jenkins	PJ	Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
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

**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
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director, NEW
Mark Harris	MH	Director of Acute Commissioning/Group Director, Sarum
Chris Graves	CG	Chair, Healthwatch Wiltshire
Dina McAlpine	DMcA	Director of Quality
Dr Celia Grummitt	CG	GP, Sarum representing GP Chair, Sarum
Dr Martin Allen	MA	GP, Sarum representing GP Vice Chair, Sarum
Susan Tanner	ST	Head of Commissioning and Joint Planning, Children's Services, Wiltshire Council
John Goodall	JG	Associate Director, Public Health, Wilts Council
Sue Rest	SR	Commissioning Manager, Wilts CCG
Julia Cramp	JC	Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness, Children's Services
Brenda Packer ( <i>for item 13</i> )	BP	Older People's Nurse
Aimee Jones ( <i>for item 13</i> )	AJ	Older People's Nurse
Amanda Payne ( <i>for item 13</i> )	AP	Care Co-ordinator
Julie Taggart ( <i>minutes</i> )	JT	Clinical Effectiveness Manager, Wilts CCG

**Non Voting Members who always attend:**

Sarah MacLennan	SM	Associate Director of Communications and Engagement, Wilts CCG
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO

**Press:**

Tony Millett	TM	Press
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**Apologies:**

Christine Reid	CR	Lay Member
Maggie Rae	MR	Corporate Director, Wiltshire Council
Dr Mark Smithies	MS	Secondary Care Doctor

Dr Toby Davies  
 Dr Chet Sheth  
 Dr Helen Osborn  
 James Roach

TD GP Chair, Sarum  
 CS GP Vice Chair, Sarum  
 HO GP Medical Advisor  
 JRo Director of Transformation, WCCG and Wiltshire Council

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GOV/15/09/01	<p><b>Welcome and apologies for absence</b></p> <p>PJ welcomed everybody to the meeting, noting the apologies above.</p>	
GOV/15/09/02	<p><b>Questions/Comments from the public</b></p> <p>There were no questions from the public.</p>	
GOV/15/09/03	<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).</p> <p>There were none declared.</p>	
GOV/15/09/04	<p><b>Previous Minutes of the meeting held on 21 July 2015</b></p> <p>The following amendments were requested to the minutes:  <b>GOV/15/07/06 Action Tracker.</b>            Line 2, 2013/14 should read "2014/15".            Line 4, should read "<b>GOV/15/05/15</b> MH said that there had been 15 breaches in May against the diagnostic wait target. A recovery plan was requested from Salisbury Foundation Trust, which was supplied, and performance had returned to target levels in month 5. In relation to cancer 62-day breaches where the patients had been upgraded by the consultant to urgent (from routine), these were very small numbers, but the areas where there would be most impact on patient outcomes. So where this occurred, a root cause analysis would be requested. MH added that there had been no guidance on diagnostic rates so far from NHSE, although there probably would be in the future. MH would further update at the September meeting.  <b>GOV/15/07/07 Chair's Report</b>            Line 9, 'vast A&amp;E attendances.' to be amended to 'slight increase in A&amp;E attendance from last year.'</p>	<p><b>DJH</b> <b>DJH</b></p> <p><b>DJH</b></p>
GOV/15/09/05	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
GOV/15/09/06	<p><b>Action Tracker</b></p> <p><b>GOV/14/11/18 Public Health Annual Report.</b> Due Nov 15.  <b>GOV/15/05/17 Matters Arising.</b> Item on agenda.  <b>GOV/15/07/06 Action Tracker.</b> Update to be provided within Integrated Performance Report.  <b>GOV/15/07/09a Mental Health Update.</b> Commitment had been given to this and would be followed up with AWP.  <b>GOV/15/07/09b MH and WB Strategy – Implementation Plan.</b> There had been a conversation with Deborah Haynes which had been taken</p>	

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	back to Frances Chinemana. JG was not able to comment as he was not aware of the content of the conversation.	
GOV/15/09/07	<p><b>Chair's Report</b></p> <p>PJ advised that this Governing Body meeting was to be followed by the CCG's Annual General Meeting (AGM). At this meeting, we would be looking back at what we had achieved and plans for the future, particularly bearing in mind the news of the difficulties being experienced by Addenbrooke's Hospital, which were replicated across the country: work going forward would be quite challenging and there would be more detail on this in the AGM.</p>	
GOV/15/09/08	<p><b>Register of Sealings</b></p> <p>None.</p>	
GOV/15/09/09	<p><b>Diabetes Update – Clinical Presentation</b></p> <p>Dr Andrew Girdher gave a presentation to Members, which was available on the CCG website and on request. AG requested support with the plan to deliver care as described. There was a predicted rise in demand for services and 15% of the hospital bed base was filled by people with diabetes. Diabetes had been set up as a CCG Programme Board, which included GPs from NEW, Sarum and WWYKD.</p> <p><b>The Governing Body noted the presentation.</b></p>	
GOV/15/09/09a	<p><b>Diabetes Early Adopter Scheme Business Case</b></p> <p>Sue Rest presented the paper, providing background information on the Diabetes Early Adopter Scheme.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• MM suggested that any funded specialist posts should be based in primary care and not secondary care, otherwise the post-holder would be subsumed into the secondary care organisation</li> <li>• The gap in diabetic specialist nursing in the east of the county would be closed, as individuals with specialist roles would be visiting practices twice a year: consultant time would be pro-rata in line with practice size. The cost of practice visits by consultant and nurse would be £600 per session, twice a year</li> <li>• The CCG would be delivering a financial recovery plan as current demand was creating a difficult financial position. The transformation agenda was beginning to have an impact: however, the national agenda around RTT delivery and the technical aspects of prescribing were causing us to be spending more than we received. STTr said that, although the business case demonstrated that this was the right direction of travel, the CCG could not support the scheme at this time, adding that NHSE would be uncomfortable with any other decision</li> <li>• SB suggested that, should funds become available in the future, this business case was funded first. As the lead-in time would be several months, it was agreed that the scheme could perhaps commence in April 2016</li> <li>• TW suggested that this scheme be given the go-ahead as soon as possible and for the good work being undertaken by the Programme</li> </ul>	

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	<p>to continue</p> <ul style="list-style-type: none"> <li>It was important to be working with secondary care colleagues on this issue. Commissioner to go back to secondary care colleagues to discuss a low-cost option</li> </ul> <p><b>The Governing Body agreed that, although they would wish to support the decision to proceed with the Early Adopter Scheme, the financial recovery plan prevented them from doing so.</b></p>	<b>TW</b>
GOV/15/09/10	<p><b>Financial Year 2016/17 Commissioning Intentions</b></p> <p>DJN presented the 2016/17 Commissioning Intentions which had been developed following a Governing Body Seminar and Strategic Forum.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>This was the first cut of commissioning intentions and future iterations would be brought back to Governing Body</li> <li>The document demonstrated that the CCG had a good plan and, again, the importance of working with secondary care colleagues was expressed</li> </ul> <p><b>The Governing Body approved the CCG Commissioning Intentions 2016/17, with further iterations brought to the Governing Body as required.</b></p>	
GOV/15/09/11	<p><b>Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing</b></p> <p>JC took Members through the proposed priorities in the plan, stating that it was draft and out for consultation. It would be taken to the H&amp;WB for approval: however, there was still an opportunity to receive input.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>JC had discussed the proposals with LK who added that there had been a change in emphasis with the new proposals, from a highly medicalised model to a different pathway that was more family friendly</li> <li>The current QIPP project had the same objectives as the Transformation Plan. The QIPP project would see a return on investment although this would not be realised until the next financial year</li> <li>Interventions needed to be in place</li> <li>Developing skills around talking therapies</li> <li>Single Point of Access for children</li> <li>Identification of children who had attended A&amp;E, been treated and discharged back to their GP</li> <li>Some of the money to be invested in support for Primary Care, to be used in different way</li> <li>Audit Primary Care lists to prevent children getting into the process in the first place</li> <li>GP resources for when children presented at surgery</li> <li>Requested approval to link QIPP project with the Transformation Plan and with Primary Care, to get money in to support GPs</li> <li>Clarify pathway and carry out audit</li> <li>DF reminded Members that approval of QIPP funding was the responsibility of the Governing Body, as this was CCG money and</li> </ul>	

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	<p>the governance rested with the CCG. The H&amp;WB was not responsible for signing off as it was the CCG's plan</p> <p><b>The Governing Body agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>To endorse the draft transformation plan for children and young people's mental health and wellbeing (at Annex A), including key proposals for change and additional investment</b></li> <li>• <b>To authorise the Associate Director (joint with CCG) for Commissioning, Performance and School Effectiveness to initiate a programme of consultation on the plan with key stakeholders</b></li> <li>• <b>To make arrangements for the final sign-off of the plan, in collaboration with the Health and Wellbeing Board, by 16 October 2015;</b></li> <li>• <b>To agree to deliver the Tier 1/2 CAMHS QIPP project as a part of the transformation plan</b></li> </ul>	
GOV/15/09/12	<p><b>Options Appraisal for the Interoperability Solution</b></p> <p>STr presented the paper detailing work around joining up NHS information systems to improve information sharing across clinical and care settings. The four options outlined in the document were identified, described and scored against the criteria.</p> <p>ST recommended that the Governing Body agreed with Option 3 – Exploit and build on the information sharing capabilities of existing systems – so as to continue with the direction of travel and consider the information needed for a patient record.</p> <p><b>The Governing Body approved Option 3.</b></p>	
GOV/15/09/13	<p><b>Integrated Performance Management Report</b></p> <p>DJN presented this report assessing the performance of the CCG for quality, financial management, patient access and project management.</p> <p><b>Quality:</b> DMcA introduced the section with a patient story, presented by three staff Members from Westbury Surgery - Brenda Packer, Aimee Jones and Amanda Payne – and detailed in the report.</p> <p>The presenters summarised their patient story which showed how services were brought together to achieve a good outcome and that integrated care provided a positive experience and ensured safe discharges, with appropriate services in place. PJ thanked the presenters and was pleased to hear how the initiatives that the CCG had put in place were working.</p> <p>DMcA continued with the Quality section, advising Members of the key elements.</p> <p>Members discussed the recruitment difficulties at AWP, who were linking with Southern Ireland to recruit post-graduates.</p> <p><b>Finance and Access:</b> STr reported on the finance and activity position saying that, at month 5, the CCG had had to revise its forecast outturn to a £700k surplus, against a control total of £5.5m. STr advised that</p>	

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	<p>the main reasons for the overspend were:</p> <ul style="list-style-type: none"> <li>• increased activity due to the partial delivery of RTT</li> <li>• increased prescription costs and</li> <li>• partial delivery of the non-elective QIPP targets</li> </ul> <p>Other activity reporting included:</p> <ul style="list-style-type: none"> <li>• Non electives were 2% below last year but 3% above plan</li> <li>• Electives were 0.9% lower than last year and 1.3% under plan but day cases were 5% above plan</li> <li>• 4% down on over 65s</li> <li>• First OPs were below plan and referrals were lower than planned</li> </ul> <p>STr referred members to the <b>Programme Management</b> commentary on all programmes, as included in the Integrated Performance Report: it was noted that there was some slippage in the Urgent Care and Better Care Fund.</p> <p><b>The Governing Body received and discussed the report.</b></p>	
<p><b>GOV/15/09/14</b></p>	<p><b>Board Assurance Framework (BAF) and Risk Register (RR)</b></p> <p>DJN presented the BAF and RR advising that normally the Audit and Assurance Committee would present the top ten risks to the Governing Body: however, at this meeting, all the risks on the register had been presented as significant. DF added that much of what had been discussed at this meeting had been recognised as risks and these were accurately reflected within the Risk Register.</p> <p><b>The Governing Body received the BAF and RR.</b></p>	
<p><b>GOV/15/09/15</b></p>	<p><b>Any Other Business</b></p> <p>There was no further business discussed and the meeting closed at 13:00hrs.</p>	

**ITEMS FOR INFORMATION - The following papers are for information only and will not be discussed at the meeting. Printed copies can be made available to members. Should you have any questions regarding any of the papers, please contact the author.**

**Audit and Assurance Committee meeting minutes – July 2015**

**Finance and Performance Committee meeting minutes – July and August 2015**

**Quality and Clinical Governance Committee meeting minutes – May and August 2015**

**Health and Wellbeing Board meeting minutes – July 2015**

**Date of next Governing Body Meeting in Public: Tuesday, 20 October 2015 from 09:30 – 12:30hrs in Southgate House, Devizes**