

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 24 NOVEMBER 2015 AT 10:00 IN WARMINSTER CIVIC CENTRE**

Present:

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

In Attendance:

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| 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 |
| Frances Chinemana | FC | Public Health Consultant, Wiltshire Council |
| James Roach | JRo | Director of Transformation, WCCG and Wiltshire Council |
| Paul Jones (<i>for item 09</i>) | PJo | Older People's Nurse |
| Steve Maddern (<i>for item 10</i>) | SMA | Public Health Consultant, Wiltshire Council |
| Diana Hargreaves | DJH | Board Administrator |

Non Voting Members who always attend:

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

Press:

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| Tony Millett | TM | Press |
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Apologies:

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| Maggie Rae | MR | Corporate Director, Wiltshire Council |
| Dr Helen Osborn | HO | Medical Advisor, Wiltshire CCG |

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| GOV/15/11/01 | <p>Welcome and apologies for absence</p> <p>PJe welcomed everybody to the meeting, noting the apologies above.</p> | |
| GOV/15/11/02 | <p>Questions/Comments from the public</p> <p>There were no questions from the public.</p> | |
| GOV/15/11/03 | <p>Declarations of Interests</p> <p>Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG).</p> <p>There were none declared.</p> | |
| GOV/15/11/04 | <p>Previous Minutes of the meeting held on 20 October</p> <p>The minutes of the meeting were approved as an accurate record.</p> | |
| GOV/15/11/05 | <p>Matters Arising</p> <p>There were no matters arising.</p> | |
| GOV/15/11/06 | <p>Action Tracker</p> <p>GOV/15/09/09a - Diabetes Early Adopter Scheme. TW reported that, although there was much support for this scheme, the CCG's financial position meant that it could not be supported at this time. Andrew Girdher was taking this work forward and the in-reach diabetic service would get off the ground in January/February next year. COMPLETE.</p> <p>GOV/15/10/11 – JR reported that the policy was now live and ready to proceed. COMPLETE.</p> <p>GOV/15/10/13 – TW informed Members that the CCG was working with the provider on a sustainable staffing model for the Psychological Therapy Service and addressing the waiting list for the more complex cases. Also working with Wiltshire Council and the voluntary sector to develop a counselling service. COMPLETE.</p> <p>GOV/15/10/13 – The Mental Health Liaison Service had been extended at RUH and SFT from 08:00 – 24:00hrs and increased capacity. Work was being undertaken around case studies, particularly dual diagnoses. COMPLETE.</p> | |
| GOV/15/11/07 | <p>Chair's Report</p> <p>PJe reported on the considerable work that had taken place over the last month to deliver the CCG's financial recovery plan and congratulated the staff for their focus and determination. Although the recovery plan had been well received by NHSE and there were tangible improvements in the in-year financial position, it was essential that the work continued to drive efficiency and sustain the recovery. The underlying causes of the financial situation continued to be pressures on elective care, growth in the prescribing budget and under-achievement of the QIPP savings.</p> <p>The CCG had been praised at the highest level for its transformational and innovative plans and the detail of tomorrow's Comprehensive</p> | |

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| | <p>Spending Review would demonstrate the Treasury’s commitment to support the NHS and, crucially, whether there was to be any support for our colleagues in social care.</p> <p>Other achievements over the past month included:</p> <ul style="list-style-type: none"> • DF was invited by NHS Clinical Commissioners to deliver the opening speech at their conference earlier this month and fielded a Q&A session, showing the interest there was about the community-based healthcare in Wiltshire • Successful stakeholder event was held on 5 November to share the CCG’s thinking about the planning round and to ask for stakeholders’ support with the ongoing dialogue with the public about the transformational changes needed • NEW and WWYKD held AGMs in the past month with a strong focus on finance, prescribing and collaborative working across primary and secondary care • STr would be on BBC Radio Wiltshire this week speaking in-depth about the local and national financial landscape, public expectations and what the healthcare system might look like in the future • Good progress with the proposal for an Urgent Care Centre in Devizes presented at last night’s Devizes Area Board | |
| <p>GOV/15/11/08</p> | <p>Register of Sealings</p> <p>None.</p> | |
| <p>GOV/15/11/09</p> | <p>TCOP Older People’s Nurses Scheme in Warminster – Clinical Presentation</p> <p>LK introduced Paul Jones, Older People’s Nurse in Warminster, who gave a presentation about his work.</p> <p>Members commented and PJo responded:</p> <ul style="list-style-type: none"> • It would be helpful for colleagues across the integrated teams to be educated about PJo’s approach to working with the frail and elderly • It was advantageous to have a tool to diagnose frailty, which needed to be used universally: it was helpful for patients to have frailty monitored • PJo linked with the care coordinators through weekly meetings with the integrated teams • Frailty must be looked at as a long-term condition • An excellent piece of work that could be shared with other TCOP colleagues: Shelley Watson was instigating a TCOP forum for this purpose • PJo’s case load was potentially anyone over 75: there were 200 people in their 90s in Warminster • It would be possible to search on System One for all the patients that PJo had seen, to evidence whether more of his client group remained in their homes: or, if they had had an admission, the reason for the admission • In response to STr’s question about a wish list, PJo would like to have a dedicated frailty clinic in some of the villages and more people replicating PJo’s impressive work • Patients’ care plans must be a common care record that can be used collectively; succinct and easy to use; accessible and | |

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| | <p>readable in a very short space of time and detailing the wishes of the patients</p> <ul style="list-style-type: none"> • There was a learning event planned for next February <p>The Members thanked PJo for an inspiring talk.</p> <p>The Governing Body noted the presentation.</p> <p><i>(PJo left the meeting)</i></p> | |
| GOV/15/11/10 | <p>Joint Obesity Strategy</p> <p>TW introduced SMa, the Public Health consultant leading on the strategy, which had been developed in partnership with the CCG. SMa presented the strategy setting out the strategic objectives needed to ensure everyone in Wiltshire was enabled to achieve and maintain a healthy weight.</p> <p>Members commented and SMa responded:</p> <ul style="list-style-type: none"> • There was a close link between obesity and diabetes and this strategy linked with the diabetes strategy, with crossovers throughout the implementation plan • Local authorities were mandated to deliver NHS Health Checks and the Council were contingency planning in case of lack of funding going forward • DF wanted a local debate about the effectiveness of NHS Health Checks, particularly in light of what may come out of the Comprehensive Spending Review • STr felt that explicit mention of the role of schools and education in promoting health and healthy eating at an early age was missing from the strategy • SMa responded saying that education was a cross-cutting scheme throughout the strategy and that interventions were in place which addressed this and would be a key component in the implementation plan • Representatives from education attended the Obesity Summit and were involved in the priorities described in the strategy • TW wanted a greater priority given to the Wiltshire Healthy Schools programme: FC responded saying that the Council was only able to influence Council-run schools and not academies <p>The Governing Body received the paper and approved the strategy.</p> <p><i>(SMa left the meeting)</i></p> | |
| GOV/15/11/11 | <p>Wiltshire CCG's External Auditors Evaluation Panel</p> <p>STr introduced the paper updating the Governing Body on the position regarding the external audit contract, following the abolition of the Audit Commission, and the role of auditor panels in procuring a new contract.</p> <p>The Governing Body received and approved the recommendation of the Audit and Assurance Committee that the Audit and Assurance Committee undertake the function of the auditor panel.</p> | |

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| <p>GOV/15/11/12</p> | <p>Emergency Surgical Ambulatory Care (ESAC) at Royal United Hospital, Bath (RUH)</p> <p>MH presented the paper with the proposal to agree the long term continuation of the ESAC model at RUH.</p> <p>The Governing Body received the paper and agreed to the commissioning of the service on an ongoing basis.</p> | |
| <p>GOV/15/11/13</p> | <p>Integrated Performance Management Report</p> <p>DJN introduced the report assessing the performance of the CCG for quality, financial management, patient access and project management.</p> <p>Quality: DMcA presented this section of the report, highlighting the key issues of Mixed Sex Accommodation Breaches (MSAB) at Salisbury Foundation Trust (SFT) hospital and <i>C.difficile</i> infection (CDI) rates. Although MSAB continued to occur at SFT, this month's data showed that progress had been achieved in this area. If the number of breaches continued to decline, monitored through the action plan in place, the CCG was on course to achieve the trajectory agreed with NHSE by the end of December 2015. There was an improvement in community-acquired CDI infection rates, although the wider health system continued to be challenged by this target and the trajectory for the CCG was at risk of breaching.</p> <p><i>(RS-H joined the meeting at 11:15)</i></p> <p>Members commented:</p> <ul style="list-style-type: none"> • MS wanted a discussion about how CDI was diagnosed as this was radically different across the three acute hospitals. DMcA said that the Quality team were looking into this issue • CR expressed concern about a Corsham patient who had been admitted to an elderly bed in Salisbury. DMcA responded saying that elderly beds were based in Bath, Swindon and Salisbury and accessing the beds was down to availability. The beds were assessment beds and used for short periods. However, this issue was being tackled by the CCG and would be raised with AWP and Wiltshire Council • The CCG was now getting the data on patients transferring from the private hospitals to the RUH, which was being shared with clinical colleagues • The CCG would be gaining an understanding of how the cap on agency staff would affect the acutes. GWH had reacted positively to the cap and had taken the opportunity to negotiate with their local agencies to push down costs • Some providers were doing well in some areas against National Audits, and not so well in other areas • CS asked how SFT would manage on 1 December with the CQC inspection, in the light of the junior doctors' strike action. DMcA said that this had been discussed at the assurance meeting with NHSE yesterday. The Trust was meeting daily and had a clear action plan for 1 December. RUH also had a comprehensive plan involving cancelling elective care and concentrating on emergency services | <p>DMcA</p> <p>DMcA</p> |

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| | <p>Finance and Access: STr presented this section of the report, informing Members that the CCG continued to forecast a £700k surplus which was £4.8m under its control total. There were two phases to the CCG's Financial Recovery Plan (FRP): the first phase would get the CCG to a £3.3m surplus, which would mean no deterioration from last year, and the second phase would get the CCG up to the £5.3m surplus. The CCG was confident of delivery of the £3.3m and had already seen delivery in the Quality directorate and Prescribing.</p> <p>STr took the Members through the activity levels' data, which were reasonably good, stating that the transformation agenda and community strategy were working.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • CS wanted data about the increase in GP consultations over last year, which would show where the impact was and give a true summary of what was happening in the system. STr said he would look into providing this data • CR asked whether the public understood the implications of FRP. STr was interviewed by BBC Radio Wiltshire last week and was clear about what it would mean for the public • Communication was really important and linked into our commissioning agenda. SMac told Members that there would be a big media push and was talking to Healthwatch on how this would be devolved to the wider public • DF said that the FRP was for this year and the challenge would be next year. There must be clear messages given to the public, with whom there would be difficult conversations about future healthcare services <p>Programme Management: DJN presented this section of the report updating Members on the QIPP programme and projects, with progress of delivery which was tracked through the Programme Management Office (PMO). Programme commentary and percentage confidence levels on Directors' plans were included in the report.</p> <p>PL thanked CCG colleagues for their efforts in producing a robust FRP as a response to the Area Team's request for financial recovery, following the Quarter 1 Assurance meeting with NHSE: the next Assurance meeting would be held on 10 December.</p> <p>The Governing Body received and discussed the report.</p> | STr |
| GOV/15/11/14 | <p>Planning for 2016/17</p> <p>DJN introduced the presentation detailing the CCG's approach to the 2016/17 planning round including:</p> <ul style="list-style-type: none"> • Timeline for the 2016/17 planning round and the System Transformation Plan • The 2016/17 challenge • The four key themes that underpin the detailed planning • The type of initiatives that should be included in the longlist • The delivery timetable showing the key steps for the CCG and our proposed external engagement with system partners • The key next steps | |

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| | <p>DF advised the Governing Body that she had been invited to London next week to hear from Simon Stevens on what would be expected from the additional funding. CCGs would be producing a 4-year systems plan up until 2020.</p> <p>SB said that it was important to ensure that the CCG and the acutes were in agreement about the future agenda: at the moment, the acutes' agenda was to grow and ours was to bring services into the community.</p> <p>The first part of the plan was to have the all-important clinician to clinician dialogue. SB believed that the underlying building blocks of the clinical discussions were in place: the problem lay with the financial background. CS said that the community heart failure clinic in Salisbury city had dealt with 100 consultations over the past month, saving at least 10 admissions, which could be replicated in other parts of the county.</p> <p>The Governing Body received and discussed the report.</p> | |
| GOV/15/11/15 | <p>Operational Resilience and System Capacity Planning</p> <p>JCu presented the paper updating the Members on the Wiltshire Systems Resilience Group (SRG) and the emergence of the Urgent and Emergency Care Networks (UECN).</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/15/11/16 | <p>Workforce Report Q2</p> <p>DJN introduced the report updating the Governing Body on workforce activities up to the end of Q2, with accompanying workforce data.</p> <p>PL said that the take-up for the CCG's objective setting for staff was not as comprehensive as it could have been and some staff would have to accept new objectives to fit with the changing landscape. DJN responded saying that there had been a recent major staff reorganisation and some staff would now have different line management: also, there were some instances of staff having carried out the objective setting but had not informed HR, therefore no record would be held on the system.</p> <p>The Governing Body received and discussed the report.</p> | |
| GOV/15/11/17 | <p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN introduced the BAF and RR.</p> <p>The Governing Body received the report and agreed the Top 10 risks.</p> | |
| GOV/15/11/18 | <p>Review of Register of Interests</p> <p>DJN presented the paper, bringing to the Governing Body's attention the CCG' register of declarations of interest.</p> <p>CR asked that RUH Stakeholder Governor be removed and Trustee of</p> | DJH |

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| | <p>Warrington Homes added to the Register.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/15/11/19 | <p>Public Health Annual Report 2014/15</p> <p>FC introduced the Public Health Annual Report 2014/15 and the Members watched a short video presentation about the work the Council had undertaken with the promotion of healthy living to young children.</p> <p>In response to a question about the Arts on Prescription programme, FC said that it would continue to be funded in future years and surgeries were able to apply.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/15/11/20 | <p>Devizes Urgent Care Centre – communications</p> <p>RS-H presented the tabled paper about the progress of the Devizes Urgent Care Centre and spoke about the launch of information about the project to the public, at the Devizes Area Board meeting on 23 November.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/15/11/21 | <p>Winter Communications Plan</p> <p>SMac presented the plan which informed the Governing Body of the planned communications activities developed to protect the public and mitigate against expected pressures within the health system this Winter.</p> <p>DJN congratulated the Communications team on an excellent piece of quality work, adding the positive difference the team had made to the organisation.</p> <p>The Governing Body received and noted the report.</p> | |
| GOV/15/10/22 | <p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 12:40hrs.</p> | |

Date of next Governing Body Meeting in Public: Tuesday, 26 January from 10:00 – 12:30hrs in Southgate House, Devizes