

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 26 JULY 2016 AT SOUTHGATE HOUSE DEVIZES**

Present:

Dr Peter Jenkins	PJ	Chair
Steve Perkins	SP	Interim Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
Dr Richard Sandford-Hill	RS-H	GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair, WWYKD
Dr Andrew Girdher	AG	GP Co-Chair, North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP Co- Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Jill Crook	JC	Registered Nurse Governing Body
Christine Reid	CR	Lay Member, Patient and Public Engagement

In Attendance:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Dina McAlpine	DMcA	Director of Quality
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Mark Harris	MH	Director of Acute Commissioning
James Roach	JR	Integration Director
Andy Jennings	AJ	Commissioning Manager
Lynne Hack	LH	Directorate Business Manager (Minute taker)
Chris Graves	CG	Chair, Healthwatch Wiltshire

Non-Voting Members who always attend:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Amy McNaughton	AMcN	Public Health Consultant, Wiltshire Council

Guests:

Paul Birkett-Wendes	PBW	Head of North Locality, South Western Ambulance Service Trust (SWAST)
Steve Maddern	SM	Head of Service - Health Improvement, Public Health, Wiltshire Council

Apologies:

Simon Truelove	STr	Interim Accountable Officer
Dr Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Chet Sheth	CS	GP Vice Chair, Sarum

ITEM NUMBER		ACTION
GOV/16/07/01	Welcome and apologies for absence	

	PJ welcomed attendees and Amy McNaughton attending on Maggie Rae's behalf. Apologies were noted as above.	
GOV/16/07/02	Questions/Comments from the public No questions were received from the public.	
GOV/16/07/03	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). Declaration of Interest was received from JC, Regional Lead for NHS England South for Transformation.	
GOV/16/07/04	Previous Minutes of the meeting held on 24 May 2016 The minutes of the previous meeting held on 24 May 2016 were approved: as an accurate record, subject to the following amendments: <ul style="list-style-type: none"> • Amend Jill Crook title to Registered Nurse Governing Body. • Item GOV/16/05/15: JR requested the following addition: 'The CCG Governing Body approved that the Home First principles were continued through the integrated discharge approach.' 	
GOV/16/07/05	Matters Arising <ul style="list-style-type: none"> • PJ clarified that the Wiltshire Pilot on Fire Arms Practice was continuing across the CCG and was a national requirement. • SMac advised that the CCG had not received any further interest from the Prime Minister's GP Access to host a Ministerial Visit. 	
GOV/16/07/06	Action Tracker The action tracker was reviewed and updated. GOV/15/11/13 Integrated Performance Report – ONGOING GOV/16/03/11 Local Offer for personal Health Budgets – CLOSED GOV/16/03/12 Transforming Care Partnerships Plan – CLOSED GOV/16/05/12 Cancer Strategy going to Health Wellbeing Board in September. GOV/16/05/16 Integrated Performance Report – Agenda Item 15	FC
GOV/16/07/07	Chair's Report The Chair (PJ) reflected on the recent Government changes. PJ provided an update on the organisational changes within Wiltshire CCG, with STr acting as Interim Accountable Officer and the recruitment process in place to fill this role, as well as that of Chief Financial Officer. The Sustainability and Transformation Plans (STP) had been acknowledged by NHS England Chief Executive Simon Stevens. The Communications team had produced a film that included a number of clinicians talking about the challenges the CCG was facing. This clip would be available on the internet and social media to increase public awareness of the challenges. It was explained that the hours of the Salisbury Walk in Centre had been altered due to staffing issues and to reflect the changing needs of those who attend the centre.	

	<p>PJ shared his condolences with the sad news that Kate Granger, the founder of ‘hellomyname is” campaign, had died from cancer at the weekend and acknowledged the fundraising she had carried out for a cancer charity.</p>	
GOV/16/07/08	<p>Interim Accountable Officer’s Report - July 2016</p> <p>In the absence of STR, MH provided a briefing to the Governing Body on issues that arisen since the meeting in May 2016:</p> <ul style="list-style-type: none"> • Departure of Deborah Fielding (Accountable Officer) • Ongoing work with BANES, Swindon and Wiltshire CCG’s geography to produce a Sustainability and Transformation Plan (STP) with key priorities as follows:- <ul style="list-style-type: none"> ○ To resolve the pressures in the urgent care system ○ Respond to the workforce challenges ○ The complexity and differences of the STP footprint ○ The need to deliver financial sustainability • The urgent care system continued to be a challenge to the CCG across all acute, community services, mental health and primary care due to an increased number of people attending A&E departments. Part of the issue was that the complexity of patients being dealt with had continued to rise and the impact this had on patient discharges. Also domiciliary care providers continued to struggle to provide the level of capacity that was being demanded. <p>The CCG was responding to these challenges and looking at new innovative ways to try and tackle these issues.</p> <ul style="list-style-type: none"> • The CCG had also applied for funding to support the redevelopment/re-provision of community hospitals in Trowbridge and Devizes and the re-provision of NHS estate in Calne. This was linked into the transformation work for these areas which would see the development of urgent primary care centres. • The CCG was waiting to hear from the Cabinet Office about whether the bid to support the strategic outline case for Chippenham and Melksham had been successful. 	
GOV/16/07/09	Register of Sealing – no sealings reported	
ITEMS FOR DECISION		
GOV/16/07/10	<p>Mental Health Workstream – Funding Requests</p> <p>TW led the Governing Body through the report, summarising the four funding requests for the Out of Hospital Business Cases:-</p> <ul style="list-style-type: none"> • The <i>Adult ADHD Service</i> commenced in 2014 and as the current service model was unsustainable it required further investment to meet the demand. The revised care pathway required an additional £185,000 for 2017/18. • <i>IAPT Silver Cloud</i> required an additional £18,000 for 2016/17 to provide an online CBT (cognitive behaviour therapy) which would support the recovery rate and support up to an additional 500 patients. • <i>Street Triage</i> requested an additional investment of £49,000 for 2016/17 to support the Section 136 detainment and assessment pilot scheme to run for additional six months to ensure that there would be support for this service. 	

	<ul style="list-style-type: none"> • <i>Early Interventions for Psychosis</i> required an additional £79,000 for 2016/17 and £309,304 from 2017/18 to fulfil NICE requirements and quality standards to increase interventions which would address parity of esteem provision. The age remit had also been extended to the 14-65 age group. <p>The Governing Body agreed funding for each of the mental health workstreams.</p> <p>The following concerns were discussed:-</p> <ul style="list-style-type: none"> • Assurance was sought for AWP delivery capacity • AWP recruitment and workforce challenges; no additional staff are required for IAPT. • Service users who were not able to access online facilities would have their first meeting with a member of the IAPT staff to decide the most appropriate service. • Risk analysis not included within the report. • To increase GP awareness for the online service. <p>TW explained that the delivery of the service against the timeframes would be monitored with AWP. It was noted that the IAPT would be invited to attend GP forums to increase awareness of the service.</p> <p>The Governing Body received and approved the paper.</p>	
<p>GOV/16/07/11</p>	<p>Carers Strategy</p> <p>TW introduced the report which had been developed with Wiltshire Council along with carers groups and other agencies, reflecting the changes within the Carers Act setting out the key priorities. The strategy had a holistic approach addressing the needs of the whole family, including physical health and, financial support. TW advised that an action plan would be developed to support the agreed strategy.</p> <p>A discussion was held around the recognition of the carers and the Carers Award that recognised the work of GP surgeries in supporting unpaid carers across the UK and it was agreed that this should be re-established.</p> <p>It was further noted that an increased awareness of alcohol and substance misuse was needed as carers were unlikely to come forward.</p> <p>The Governing Body received and approved the paper.</p>	
<p>GOV/16/07/12</p>	<p>Wiltshire Obesity Strategy</p> <p>SM introduced the final report for approval by the Governing Body. The strategy had been supported by public consultation and approved by Wiltshire Council Cabinet.</p> <p>After some discussion, the Governing Body received and approved the paper and the following actions were identified:-</p> <p>Action GOV16/07/12.0: Address the issue of junk food offered in vending machines at Leisure Centres (Wiltshire Council)</p> <p>Action GOV16/07/12.1: Engagement with schools for activity e.g. walks a mile ethos.</p> <p>Action GOV16/07/12.2: TW to link with the delivery of diabetes prevention</p>	<p>TW</p> <p>TW</p> <p>TW</p>

	work.	
GOV/16/07/13	<p>Optimising Integrated Teams</p> <p>TW presented a report, noting that the paper recognised the services available within the community and the team’s requirement for support and development. The Integrated Team was a virtual team set up in 2014 involving health and social care.</p> <p>The Governing Body were asked to consider the following four recommendations:-</p> <ul style="list-style-type: none"> • The Group Executive Group to support localities to deliver successful Integrated Teams with a focus on patient outcomes. • The Group Executives should compile evidence of what each of their Integrated Teams had undertaken. • The Executive Groups to consider organising learning events to showcase the work of the Integrated Teams and encourage peer review. • The Group Executives to consider how they engage with the public regarding their experiences and expectations. <p>The recommendations were discussed and agreed. It was recognised that consistency was needed across the county that allowed for some flexibility when required. It was noted that there was a national model which was working well in other areas across England. It was further noted that the main providers had been involved with the work programme, working closely with AWP, although more engagement with the voluntary sector was required.</p> <p>The Governing Body received and approved the paper.</p> <p>Action GOV16/07/13.0: TW to provide an update in six months’ time. Action GOV16/07/13.1: TW to check Information Governance (sharing data between stakeholders e.g. MIU)</p>	<p>TW</p> <p>TW</p>
ITEMS FOR DISCUSSION		
GOV/16/07/14	<p>Urgent Care System Performance Update</p> <p>JCu led the Governing Body through the report, highlighting the following key areas:-</p> <ul style="list-style-type: none"> • Increased urgent care activity impacting on performance and constitutional targets i.e. emergency department 4 hour target and ambulance response times. However, the majority of patients were seen within the 4 hours. At the present time there was a focus on the RUH and a number of meetings had been held with NHSE to assist in resolving the issues. • Health and Social Care Challenges – demographic (3.9% annual growth) and national and local financial challenges • Wiltshire MIU activity reduction showed a 2016/17 M2ytd reduction of 15%. It was also reported that there had been occasions when the units had to close due to staff issues. <p>JR specified the workforce issues across health and social care including agency staffing and the need to be more inventive with the workforce to support the vacancies which included the requirement for more staff within</p>	

	<p>the community to support discharge.</p> <p>A discussion was held around the increased provision of the out of hour's services at the Salisbury Walk in Centre (SWIC). The opening hours would be amended to reflect the periods outside GP hours and there was ongoing work with Healthwatch to communicate the revised hours to the public.</p>	
GOV/16/07/15	<p>South Western Ambulance Service Trust (SWAST) Performance</p> <p>PBW provided a presentation to the Governing Body on the Wiltshire CCG area performance and the challenges within Wiltshire. Points to note were as follows:-</p> <ul style="list-style-type: none"> • Wiltshire Red 1 Calls (April 2015-June 2016) should reach patients within 8 minutes 75% of the time: Wiltshire's achievement was 61.26% and this was mostly associated to the rurality of Wiltshire and the increase in demand over recent years. However 85% of Wiltshire patients received Red 1 response in less than 10 minutes. • Workforce retention challenges were associated to a greater number of employment opportunities for paramedics within the wider healthcare environment. Paramedics were now required to obtain degree qualifications. • The non-conveyance for all incidents within Wiltshire area 2015/16 average figure 56.12%, against the national average of 37.9%, reducing the impact on the acutes. • The service provision review commenced in July 2016, resulted in better matched resources to demand, increasing the provision of double crewed ambulances compared to rapid response vehicles. • The Community First Responder schemes and community public access defibrillators within the county. • Specialist Paramedic model would provide three teams within Wiltshire consisting of five specialist paramedics (SP); the SP would identify and use appropriate alternative care pathways. • The introduction on NARP (National Ambulance Response Programme https://www.england.nhs.uk/ourwork/qual-clin-lead/arp/) aimed to improve response times to critically ill patients and ensuring the most appropriate response time was provided for each patient first time. 	
GOV/16/07/16	<p>Group 15/16 Q4 SLA Reports: (WWYKD/NEW/Sarum)</p> <p>Each area presented an update on quarter 4 year-end activity. From 1 April 2016, the group SLA became part of the Primary Care Offer (PCO) and from this date, reporting would be made via a new governance structure covering all aspects of the PCO. All practices across Wiltshire had signed up to the Group SLA.</p> <p>The Governing Body noted the content of this report.</p>	
GOV/16/07/17	Paper withdrawn	
GOV/16/07/18	<p>Devizes Urgent Primary Care Centre Update</p> <p>JCu introduced the report on the Devizes Urgent Primary Care Centre update and requested that the Governing Body note the work undertaken. Following submission of the Project Initiation Document (PID) to NHSE, the proposal was to establish a project group to review the number of options and develop an Outline Business Case (OBC).</p>	

	The Governing Body noted the report and agreed the proposal.	
GOV/16/07/19	<p>360° Stakeholder Report DJN led the Governing Body through the report, summarising key themes:-</p> <ul style="list-style-type: none"> • Positive results with stakeholder working relationships • Strong GP involvement and CCG managerial leadership to deliver plans and priorities • Improvements to be made with regard to communication and engagement with patients and the public. <p>The Governing Body noted that an action plan was being developed to support the delivery of plans for strengthened, effective engagement with our key stakeholders and this would be available at the next Governing Body.</p>	
GOV/16/07/20	<p>Integrated Performance Report (IPR) Each area presented an update on July 2016 IPR.</p> <p>Quality - DMcA introduced the revised version of the Quality report, which provided a dashboard with narrative by exception. CQC inspections outcomes were included within the report which included CQC inspections for Primary Care.</p> <p>Finance and Information - SP led the Governing Body through the report, highlighting the following key areas:-</p> <ul style="list-style-type: none"> • Forecast delivery at month 3. • Financial risk implications at a cost of reimbursement £3m. • The RTT incomplete pathway was not achieved at 91.5% (vs a national target 92%); however the level of performance was better than the planned position. It was noted that remedial plans were available. <p>Projects, transformation and QIPP - Members discussed the non-achievement of the QIPP schemes in particular with regard to the pressures in urgent care. The Governing Body were aware of the good work going on within key areas of investment such as TCOP and, to a lesser extent, OCRP, but asked that in future a more fulsome commentary about scheme performance, with an emphasis on highlighting progress and results achieved as a result of the investments made was available within the performance report.</p>	
GOV/16/07/21	<p>Board Assurance Framework (BAF) and Risk Register DJN requested that the Governing Body considered the current BAF and the high level risk register. The risk register was a compilation of collective risk across the CCG, detailing the then highest risks, also reflecting the performance issues.</p> <p>Action GOV16/07/21.0: Risk Ref C-14/038 relating to workforce to be re-validated.</p> <p>Action GOV16/07/21.1: Risk Ref C-15/028 relating to section 117 to reflect the agreement for the next steps for funding. Need to change arrow direction to reflect update.</p>	<p>DJN</p> <p>DJN</p>

GOV/16/07/22	<p>Review Register of Interests DJN presented the report to the Governing Body to note the current contents of the Register of Interests.</p> <p>Action GOV16/07/22: Amend first line replacing Dr Andrew Girdher for Simon Burrell as GP Co-Chair, for NEW Group.</p>	DJN
GOV/16/07/23	<p>External Audit Procurement It was noted that the external audit was agreed in July 2016.</p> <p>Action GOV16/07/23: Agenda item - to be ratified at Governing Body on the 27 September 2016</p>	SP
ITEMS FOR NOTING		
GOV/16/07/24	<p>Any other Business The meeting closed at 12:58hrs.</p>	

Date of next Governing Body Meeting in Public: 27 September 2016 10:00-12:30