

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 23 JULY 2013 AT 10:00 IN THE CONFERENCE ROOM
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Steve Rowlands	SR	GP Chair
Peter Lucas	PL	Lay Member
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Finance Officer
Christine Reid	CR	Lay Member
Dr Simon Burrell	SB	GP Chair, NEW
Dr Jonathan Rayner	JR	GP Vice Chair, North and East Wiltshire (NEW)
Dr Toby Davies	TD	GP Chair, Sarum
Dr Celia Grummitt	CGru	GP Vice Chair, Sarum
Dr Helen Osborn	HO	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Mark Smithies	MS	Secondary Care Doctor
Mary Monnington	MM	Registered Nurse Member

In Attendance:

Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Ted Wilson	TW	Group Director, NEW
Dr Peter Jenkins	PJ	GP Medical Advisor
Rob Hayday	RH	Head of Project Management
Jo Cullen	JCu	Associate Director of Commissioning, Urgent Care
Steve Collins (<i>for paper 12</i>)	SC	Chief Accountant
Chris Graves	CGra	Chair, Healthwatch Wiltshire
John Goodall	JG	Associate Director, Public Health (CVD), Wiltshire Council
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council
Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Jill Crooks	JC	Press
Tony Millett	TM	Press
Gary Heap	GH	Member of the public
Diana Hargreaves – Minutes	DJH	Board Administrator, Wilts CCG

Apologies:

Mike Relph	MRe	Group Director, WWYKD
Mark Harris	MH	Group Director, Sarum
James Cawley	JCa	Service Director, Commissioning, Procurement and Strategy, Wiltshire Council
Dr Debbie Beale	DB	GP Vice Chair, WWYKD

GOV/13/07/01

WELCOME AND APOLOGIES FOR ABSENCE

ACTION

SR welcomed everyone to the meeting and particularly Mr Gary Heap who would be telling his patient story.

GOV/13/07/02

QUESTIONS FROM THE PUBLIC

A question from Mr Alan Rankin was tabled and will be responded to in due course.

Post meeting note: A response was sent to Mr Rankin on 23 July and is attached with these minutes.

GOV/13/07/03

DECLARATIONS OF INTERESTS

Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting which might conflict with the business of the Wiltshire CCG.

STr declared that his wife is Finance Director of the Royal United Hospital (for paper 12).

GOV/13/07/04

PREVIOUS MINUTES FROM GOVERNING BODY IN PUBLIC HELD ON 25 JUNE 2013

P3 – should read joined rather than jointed.

The Governing Body accepted the minutes as an accurate record with the amendments recorded above.

GOV/13/07/05

MATTERS ARISING

None.

GOV/13/07/06

ACTION TRACKER

There were no outstanding actions. Completed actions are recorded on the back of the action tracker.

WILTS/13/01/07 – Remove from Governing Body meeting tracker and add to Quality and Clinical Governance tracker.

DJH

CHAIR'S REPORT

SR reported that the stakeholder events which had taken place in Calne, Melksham and Salisbury had been generally successful but timings were criticised so future events will be held in the evenings and Saturday mornings.

At the Joint Commissioning Board (JCB) meeting with Wiltshire Council, the Case for Change principles had been agreed and the business of the Board was moving forward in a positive way.

Nigel Edwards from The Kings Fund presented evidence to the Urgent Care Seminar on what works in improving urgent and non-elective care. All our plans fall broadly in line with the evidence presented.

SR attended the West of England meeting of the Academic Health and Science Network and Wiltshire CCG are represented on both of the two networks in the South West.

SR reiterated that the closure of the Trowbridge Birthing Unit was a temporary measure because of staffing issues and the unit will re-open in September 2013.

There continued to be an improved performance in the delivery of the 111 service.

SR has retired as senior practice partner but will continue in his clinician's role as Chair of the CCG.

REGISTER OF SEALINGS

There had been none recorded.

DJN introduced the report providing a comprehensive single document for the overall performance of the CCG, using data for April and May and, where available, June 2013.

Quality – Mr Heap told the Members his patient story describing his late father's journey from when he had suffered a stroke and the treatment experienced by Mr Heap's father and his family. Whilst overall the medical care had been very good and that which had been expected, there had been several issues which had necessitated Mr Heap and his family raising a complaint with the CCG, particularly around lack of information being communicated to the family by the medical professionals caring for his father. Mr Heap explained that, since alerting the CCG to their concerns, the family had been listened to and their voice finally heard and he thanked the Governing Body for giving him the opportunity to share his story.

Mr Heap was thanked by SR on behalf of the Members for telling his story, adding that it had been more powerful than any paper in highlighting the importance of communication and that key lessons had been learned.

JC-C outlined the key messages and 'hot spots' in the quality section of the report.

In response to a question asking how consultants' outcome data could be refined so that it is useful and meaningful, Members heard that it would take some time to get an understanding of what the data meant and that there would be good clinical governance arrangements in place to ensure that there was no damage done in the meantime.

Finance – STr introduced this section informing Members that, at month 3, the CCG reported a surplus of £1.3m in line with the financial plan and forecasted a surplus of £5m.

(Member of the public joined the meeting in the Conference Room.)

The plan was predicated on delivering a £9.3m Quality, Innovation, Productivity and Prevention (QIPP) target and following a detailed review of the the plan, the QIPP delivery has been forecast at £6.3m representing a gap of £3m, requiring the identification of additional schemes with which to close the gap.

STr clarified the pressures that the CCG was experiencing at month 3 and what the assumptions were for the year end financial position. STr was particularly concerned about the current pressures in the acute contracts which in part were being made more difficult with the new commissioning landscape. STr also confirmed to the Governing Body that he was still concerned about NHS England's position on specialist commissioning who were still seeking funding to be transferred for last year's unfunded cost pressures on specialist commissioning activity.

PL commended STr and his team and the wider CCG for having a realistic understanding of the financial position, expressing his concern with NHS England's potential ability to intervene in the CCG's financial process.

Access – STr delivered the key messages and explained that he had met with the South West Ambulance Service Trust (SWAST) to challenge their delivery and performance. Further work will continue with SWAST and the lead commissioners to devise a plan to support the rectification of the weak performance.

(Steve Collins joined the meeting.)

Project Management – DJN informed Members of the significant progress made in assessment of the delivery of QIPP targets which had revealed the £3m gap and which required early action to manage the successful delivery of the Operational Plan.

The Governing Body requested the authors of papers to state specifically the action required of Members.

DJH

Post meeting note: The paper summary front sheet will have an additional box which asks papers' authors to specify what is required of the Governing Body.

The Governing Body received and approved the report.

(Mr Heap and MM left the meeting.)

Jacqui Chidgey-Clark's name and contact details are incorrect at Appendix A p6. The email address is jacquichidgey-clark@nhs.net.

STr – introduced the paper describing how information is used and protected ensuring confidentiality across the organisation and the roles and responsibilities of staff.

The Governing Body received and approved the report.

HR-G presented the paper outlining the strategy for engendering sustainable and meaningful patient, public and stakeholder engagement.

Members variously commented:

- Concern that the strategy asks for aspirations which may raise unrealistic expectations bearing in mind the CCG's need to control expenditure within a limited budget.
- Request for the action plan to include patient stories and be about Wiltshire more specifically.
- Regular updates on engagement activity will need to happen before September 2014.
- The action plan should include what the public wants – quality outcomes that are not necessarily expensive.
- Communications to be included in the Integrated Performance Management Report.

DJN/HR-G

The Governing Body received and approved the report taking account of the concerns raised by Members stated above.

(Mary Monnington returned to the meeting)

JCu introduced the paper which had been produced in partnership with Bath and North East Somerset (BaNES) CCG and SC talked through the financial implications.

Comments from Members:

- The required funding can be spent only on urgent care.
- The funding request only applies to RUH as the other two acute providers – Salisbury Hospital and Great Western Hospital – had never breached their baseline.
- Concerns about missed opportunities for investing in the wider community.
- Important to ensure that the investment assists the RUH with managing Winter pressures.

(HO left the meeting for 5 minutes.)

- The proposals should ensure a reduction in admissions rather than attendances and be joined up with the community requirements.
- Concern around the affordability of the proposals.
- Non-recurrent investment this year with consideration of future funding from non-elective threshold funds if the marginal rate tariff continues within the Payment by Results (PbR) tariff for 2014/15.
- Robust discussions have taken place with RUH who are keen to change the way they work.
- An implementation plan is required which should be agreed by RUH

JCu/Steve
Perkins

The Governing Body require sight of an implementation plan, agreed by RUH, before the business case can be approved.

(Steve Collins left the meeting.)

REVIEW OF REGISTER OF INTERESTS

GOV/13/07/13

DJN presented the paper which requires the Register of Interests (RoI) to be reviewed at least three times a year.

It is the responsibility of the Members of the Governing Body, who are bound by the Nolan Principles, to scrutinise and question declarations as necessary. The Chair of the Governing Body calls for declarations of interest at the start of each meeting which ensures compliance with the governance arrangements and supports probity and transparency of decision making.

TD - WilcoDoc rather than WiltsDoc.

DJH

The Governing Body received and discussed the report.

BOARD ASSURANCE FRAMEWORK AND RISK REGISTER

GOV/13/07/14

DJN presented the paper requesting the Members to consider the current 'Top 10' risks and the Board Assurance Framework..

PL explained that these two documents had been extensively scrutinised and debated at the Audit and Assurance Committee meetings, attended by internal and external auditors, before being brought to the Governing Body.

The Governing Body received and discussed the report.

QUALITY AND CLINICAL GOVERNANCE COMMITTEE MINUTES – MAY 2013

GOV/13/07/15

The Governing Body received and noted the Quality and

Clinical Governance Committee minutes.

GOV/13/07/16 FINANCE COMMITTEE MINUTES – MAY 2013

The Governing Body received and noted the Finance Committee minutes.

GOV/13/07/17 AUDIT AND ASSURANCE COMMITTEE MINUTES – MAY 2013

The Governing Body received and noted the Audit and Assurance Committee minutes.

GOV/13/07/18 ANY OTHER BUSINESS

SR again expressed his sincere thanks to Mr Heap for bringing his powerful story to the meeting and to JC-C for arranging this.

No further business was discussed. The meeting concluded at 11:38hrs.

Date of next meeting: Tuesday 24 September 2013
AGM 10:00 – 10:45hrs
Public Session 11:00 – 13:30hrs
Conference Room, Southgate House, Devizes

GOV/13/07/02

Question: How is the access to psychological therapies currently planned and delivered in Wiltshire and what information does the WCCG require for the approval of 'talking therapies' services?

Related to Agenda item and Title Gov/13/07/15 Quality and Clinical Governance Committee Minutes - 7 May 2013

23rd July 2013

Response:

Wiltshire CCG commissions the Improving Access to Psychological Therapies Service (IAPT). This commissioning arrangement has been inherited from Wiltshire Primary Care Trust. In Wiltshire the IAPT service is known as the LIFT (Least Intervention First Time) service that Avon and Wiltshire Mental Health Partnership (AWP) delivers across Wiltshire and it can be accessed by anyone in Wiltshire via the website: <http://lift.awp.nhs.uk/swindonandwilts/>

LIFT is a clinically-led service with a single point of access. The aim is to provide a consistent, integrated approach to mental health care in the community which meets national standards.

It provides access to a choice of Talking Therapies, emphasising psychological health in older people, those with long-term health conditions as well as people from minority communities and young adults.

The LIFT service has attracted plaudits from the Department of Health for its Talking Therapies - most notably in relation to work with people with long-term conditions. The service is already well-established across Swindon and Wiltshire and has recently expanded into Bath and North East Somerset, South Gloucestershire and Bristol.

AWP is committed to delivering to our local specification, with a model of service strongly focused on primary care, which was a key element of our requirements. Self-referral is the main route of access although the option for GP and professional referral is also available.

In addition Wiltshire CCG is currently working with Wiltshire Council to develop the Mental Health Strategy for Wiltshire which stakeholders will have the opportunity to contribute to later in the year. This strategy will then set out the priority areas for mental health commissioning going forward.

I hope you find this information of use and should you have any queries please do not hesitate to contact me.

Victoria Hamilton
Associate Director of Commissioning, (Mental Health)

The right healthcare, for you, with you, near you