

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 28 JANUARY 2014 AT 10:00 IN THE CONFERENCE ROOM,
SOUTHGATE HOUSE, DEVIZES**

Present:

Dr Steve Rowlands	SR	GP Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Finance Officer
Christine Reid	CR	Lay Member
Peter Lucas	PL	Lay Member and Vice Chair
Dr Jonathan Rayner	JR	GP, Vice Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Elizabeth Stanger	ES	GP, 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:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
Jo Cullen	JCu	Interim Group Director, WWYKD
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Dr Peter Jenkins	PJ	GP Medical Advisor
Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Barry Grimes	BG	Strategic Stakeholder and Public Relations Manager
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council
James Cawley	JCa	Service Director, Wiltshire Council
Chris Graves	CGra	Chair, Healthwatch
Jill Crooks	JCro	Press
Tony Millett	TM	Press
Diana Hargreaves – Minutes	DJH	Board Administrator, Wilts CCG

Observers:

Lynne Beta	LB	Administration Assistant, Corporate Affairs
Sharon Murray (<i>for AOB</i>)	SM	Care Co-ordinator

Apologies:

Lynn Talbot	LT	Interim Director of Community Transformation
Dr Celia Grummitt	CGru	GP Vice Chair, Sarum
Dr Simon Burrell	SB	GP Chair, NEW
Rob Hayday	RH	Head of Project Management

GOV/14/01/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above and reiterating that the meeting was in public rather than a public meeting and therefore members of the public	

	were unable to speak during the meeting.	
GOV/14/01/02	<p>Questions/Comments from the public</p> <p>SR read the statement that is attached at the end of these minutes.</p>	
GOV/14/01/03	<p>Declarations of Interest</p> <p>Members are 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>None declared.</p>	
GOV/14/01/04	<p>Minutes of previous meeting held on 26 November 2013</p> <p>The minutes were received and agreed as an accurate record.</p>	
GOV/14/01/05	<p>Matters Arising</p> <p>None.</p>	
GOV/14/01/06	<p>Action Tracker</p> <p>Outstanding actions would be answered under the Finance section of the Integrated Performance Report.</p>	
GOV/14/01/07	<p>Chair's Report</p> <p>SR reported to the Members and the public on:</p> <ul style="list-style-type: none"> • Working with partners on the 5-year Strategic Plan to commission high quality, integrated services for the people of Wiltshire. The key design principles: <ul style="list-style-type: none"> ➢ Support and sustain independent, healthy living ➢ People encouraged and supported to take responsibility for, and to maintain/enhance, their well-being ➢ Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number ➢ Care should be delivered in the most appropriate setting, wherever possible at, or close to, home ➢ Where acute care is one-off or infrequent, there should be formal and rapid discharge ➢ Where care is on-going (e.g. chronic conditions), the default setting of care should be primary care • Working on the 14/15 Delivery Plan • Planning with Wiltshire Council for spend under the Better Care Fund, previously called the Integrated Transformation Fund • Our Governing Body recently met with Members of Great Western Hospital's (GWH) Board and Swindon CCG's 	

	<p>Governing Body following the success of the joint meetings with Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT)</p> <ul style="list-style-type: none"> • Continued development of the Community Transformation Plan – Care Co-ordinators now in place • SR and DF were visiting all Wiltshire GP practices to discuss ways of working together • Winter Care Plan – working well at the moment • Maternity Services contract had been awarded to the RUH • Successful Governing Body Members’ development seminar in December • Radio Wiltshire interview this morning about the Dementia Strategy. 	
<p>GOV/14/01/08</p>	<p>Register of Sealings</p> <p>There were none recorded.</p>	
<p>GOV/14/01/09</p>	<p>Overnight short breaks unit for disabled children in Wiltshire</p> <p>JCr introduced the paper explaining the update following the three-month consultation on a proposal to re-design overnight short breaks services for disabled children and young people and to improve the way that these breaks are provided. The proposal was now to:</p> <ul style="list-style-type: none"> • Delay the closure of Hillcote until 31 March 2015 • Use the additional time to enable a smooth transition for the 5 families currently using Hillcote • Invest money saved in the Hillcote closure (c £600,000) to develop an improved service. This would include: <ol style="list-style-type: none"> 1. Developing a new Specialist Carers’ service with a minimum of 2 specialist carers in South Wiltshire 2. Investing in more early intervention for families through the Children’s Learning Disability Nursing Service to provide additional support with issues such as challenging behaviour, incontinence and sleeping difficulties <p>There followed a lengthy and comprehensive debate with Members and the key points/questions/responses (in italics) raised:</p> <ul style="list-style-type: none"> • Is there provision for those whose needs may not be able to be met by specialist carers? <i>This proposal is about choice for carers and young people. If families did not want to use specialist carers for respite, Canon’s House in Devizes was available as well as alternative respite facilities outside the county.</i> • Private investment could be available to provide a smaller unit in the south of the county. <i>There is no problem with a private investor setting this up and it could be a welcome move.</i> • How will the care needs of the small number of children with really complex needs be tracked within the transition period? <i>A social worker from the Children’s Disability Team</i> 	

at Wiltshire Council is allocated to each child and needs are reviewed regularly. The CCG already funds a Children's Learning Disability Nursing Service that works with families who are struggling to cope with a disabled child; however, there is only the equivalent of 3 full-time staff for the whole county. If this service was expanded, help could be provided for a larger number of families at an earlier stage before crisis point was reached.

- With only 2 specialist carers for the south of the county, what would happen if there was an emergency with one of the carers? *There would be a minimum of 2 specialist carers. In an emergency, the disabled child could go into Canon's or another residential unit; social care would step in and help support the family.*
- What is the Council's response to concerns raised that not everybody has been given access to Hillcote? *Canon's may be offered as the first port of call to families needing overnight short breaks partly because it has additional facilities eg. hydrotherapy pool and they have sessions in peer groups as there are more children at Canon's than at Hillcote. Important to remember that the child has to have a positive experience as well as giving the parent carers a break.*
- Are there peer groups for parent carers? *Special schools often bring groups together, as does Carers Support in Wiltshire.*
- Will there be ongoing funding for play parties for disabled children? *Play parties will become self-funding as parents are asked to fund out of the money they receive from the short breaks scheme - £600 per year.*
- *How many children are not suitable for specialist care in foster families? Children with very challenging behaviour can still sometimes be looked after by specialist carers. The number of children for whom specialist carers would not be an option is small.*
- What will happen if we have difficulty recruiting specialist foster carers? *This seems unlikely on the basis of neighbouring authorities' experience.*
- How have the funding figures been arrived at and does the funding cover equipment needed in the specialist carers' homes? *Wiltshire has not run a scheme like this before but others who run these sorts of scheme cost it at an average of £40,000 per year, per carer. This means the cost of a night with a specialist carer is approximately half the cost of a night in a residential unit.*
- JCr made reference to a letter from Wiltshire Parent Carer Council (WPCC) to SR of 22 January in support of the proposed model and quoted: "The WPCC welcomes the creative and responsive approach, informed by the feedback received from parent carers, being taken to create a model that is more responsive in meeting the needs of parent carers of children and young people with a disability and/or SEN (Special Educational Needs) across Wiltshire to more fairly meet the needs of more families."

	<ul style="list-style-type: none"> • CR would have no difficulty in supporting the recommendation as the majority of children would be better served. <p>SR then asked for a show of hands from the Members as to whether they would support the recommendation: there were 9 Members in favour (SR, DF, STr, CR, PL, MS, MM, HO, JR) and 2 against (TD, ES). SR thanked the public for their interest in the issue and coming to hear the debate.</p> <p>DF said that the Governing Body needed to be assured that the 5 children currently using Hillcote would be provided for and it was agreed that a paper would be brought to the Governing Body in late Autumn 2014 to offer this reassurance. The implementation of the proposed model for overnight short breaks would be overseen by the Steering Group which included key representatives from Wiltshire CCG, Wiltshire Council and Wiltshire Parent Carer Council, reporting regularly to the CCG.</p> <p>The Governing Body received and agreed the recommendations in the report.</p>	
GOV/14/01/10	<p>Integrated Performance Management Report (including quality/finance/access/projects)</p> <p>DJN introduced the report which assessed the performance of the CCG for quality, financial management, patient access and project management to give a transparent and comprehensive assessment of overall performance, using data from April – November 2013, where available.</p> <p>Quality: PJ presented the patient story describing his experience of a pilot scheme which had changed the way that shotgun licences were issued by the Police to make the process safer. The pilot GP surgeries flagged those patients who held licences and PJ saw one of his patients who was being treated for depression and who was flagged as holding a licence. As a result, his certificate was temporarily revoked and held in custody by the Police; the patient was now better and they would be getting their certificate back in the near future. A paper had been produced suggesting that this could be rolled out to all practices across Wiltshire.</p> <p>JC-C delivered the key messages:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) visits • MRSA and <i>Clostridium difficile</i> infection update – the CG had funded an infection control team to be based in Southgate House • Maternity Services • Never Events – the process followed in response to never events was described <p>SO said that there had been a meeting on 13 December 2013 between SFT, Public Health and Hampshire CCG to discuss the high Hospital Standardised Mortality Ratios (HSMR) and Summary</p>	

	<p>Hospital-level Mortality Indicator (SHMI) rates at SFT. Although the discussion notes had been included in the report, the action notes had not and JC-C agreed this would be corrected for the next meeting.</p> <p>The South West Ambulance Service Trust (SWAST) December reports should have come through to commissioners by now. STr informed Members that the CCG was aware of the problems and was now part of the wider group managing the quality of SWAST.</p> <p>MH said that funding had been made available to SFT through the Sarum Service Level Agreement for extra theatre capacity to address the performance of one the indicators – Fractured neck of Femur operated on within 36 hours.</p> <p>Finance: STr reported that the CCG was planning to deliver a surplus of £5m against an anticipated resource limit of £521m in 2013/14. At the end of December 2013, the CCG was reporting a year to date surplus of £3.78m which was in line with plan.</p> <p>Delivery of the £9.3m Quality Innovation Productivity and Prevention (QIPP) programme was being monitored by the Groups and the Performance management Office and, at the end of month 9, an in-year gap of £3m was being forecast.</p> <p>A further risk had been identified as the CCG were being asked to give up an additional £4.3m for Specialist Commissioning which would have a direct impact on the CCG's financial position.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Very uncomfortable with the scrutiny that our specialist providers were being put under. In terms of public scrutiny, NHS England had monthly Board meetings to assess the performance of specialist providers around the country • It had been a difficult year for NHS England; however, STr reassured Members that colleagues within the finance department were pushing back to NHS England, who would be attending a February Clinical Executive meeting to explain their priorities and offer reassurance to the clinicians • Responding to a question about addressing the over-performance in our acute Trusts, STr explained that the CCG had not planned for the changes to the PbR tariff this year; in 14/15, the changes would be very small so our modelling and planning would be more robust. However, significant changes to the tariff were anticipated in 15/16 which would provide a high risk to the CCG • MH reported that the CCG was in discussion with SFT about future planning • STr recommended that the Finance Committee Members gained assurance that the CCG's financial position was clearly articulated and understood <p>Access: STr introduced the section explaining that the CCG continued to deliver a good performance across many areas of the</p>	<p>JC-C</p> <p>STr</p>
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	<p>NHS Constitution targets and the targets associated with the NHS Outcomes Framework. The CCG continued to be challenged on ambulance response times, hospital acquired infection, ambulance handover delays and mixed-sex accommodation breaches. The CCG was working with providers to ensure that action plans were in place and were being delivered.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Concerns about the ambulance service response times in Bristol. Action plans had been agreed with SWAST across the whole of the South West and there had been a small upward trajectory in respect of delivery. Monitor were putting pressure on SWAST re their performance • A&E attendance was declining following investment to assist acute providers with the issue <p>Project Management: DJN introduced the section.</p> <p>CR was concerned that the Contingence Service Redesign had only just been added to the NEW Project Register and was assured that it was the update to the register that was late rather than the review itself, which had been completed in draft.</p> <p>The Governing Body received and approved the report.</p>	
GOV/14/01/11	<p>Children’s Community Health Services – Tendering Options</p> <p>JCr introduced the report stating that children’s community health services in Wiltshire were currently delivered by five separate organisations. The paper considered whether the CCG should re-tender for a single provider and offered four options.</p> <p>DF thanked JCr for her work on the tendering options and confirmed that the CCG was fully supportive, even though the timescale for undertaking the work was very tight.</p> <p>Other Members’ comments:</p> <ul style="list-style-type: none"> • A single contract did not necessarily mean a single provider but the contract arrangements would be managed through one contract • The CSU would be approached for their expert procurement advice • Still to work out how the risks would be mitigated • Very clear pathways needed with the aspiration of preventing children attending A&E • Providers were on board and the acute services were currently part of the loop • Any IT involved should integrate with IT within general practice <p>The Governing Body received and agreed option 4* and approved the recommendation to commence the project.</p>	

	<p>*Option 4: Tender for all children's community health services provided by GWH, Sirona, SFT, RUH and Swindon Borough Council.</p>	
GOV/14/01/12	<p>Wiltshire Dementia Strategy</p> <p>SR apologised to Members for omitting to mention, at item 2, the letter received about the dementia service which would be given a written response; and for the omission of the Dementia Strategy from the papers, which had been tabled.</p> <p>TW introduced the report which asked the Governing Body to agree the draft strategic direction for services proposed in the Wiltshire Dementia Strategy 2014-2021.</p> <p>CR was concerned about how to access facilities provided if living alone with dementia. It was noted and would be looked at in more depth.</p> <p>The Governing Body received and agreed the paper and approved moving to formal consultation.</p>	TW
GOV/14/01/13	<p>Procurement Strategy for the purchase of Health Care Services – approval</p> <p>STr presented the report which directed the CCG on how it undertook the procurement of services.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • There was no reference in the strategy to the recent guidance about public involvement in the commissioning process • Biggest risk was integrating staff and their skills into the new service – not identified in the strategy • No mention of Monitor guidance on P8 <p>It was agreed that the policy would be sent back to the CSCSU because of these omissions and would be reviewed at the April Governing Body.</p> <p>The Governing Body received and agreed the actions described above.</p>	STr
GOV/14/01/14	<p>Wiltshire CCG Delivery Plan 2014/15 – approval</p> <p>DJN presented the paper which was the final draft of the 2014/15 Delivery Plan and recommended that the Governing Body formally agree the plan and note that work on the programme described within the plan had already commenced, utilising the process agreed by the Clinical Executive in order to realise early benefits.</p> <p>SR thanked DJN for his work on the plan.</p>	

	The Governing Body received and agreed the plan.	
GOV/14/01/15	<p>Health and Safety Management Policy – approval</p> <p>DJN presented the paper informing Members of the CCG’s responsibility to manage the health, safety and welfare of its staff and others who may be affected by its actions or omissions. DF declared that she had a personal responsibility for health and safety and reminded Members that all staff were required to complete their statutory mandatory training. DF would be signing the Statement of Commitment when prepared.</p> <p>The Governing Body received and agreed the policy.</p>	DJN/DF
GOV/14/01/16	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN presented the paper identifying the potential risks to the strategic objectives of the CCG recorded in the BAF and the top ten risks identified in the RR.</p> <p>PL stated that the BAF and RR had already been approved at the January meeting of the Audit and Assurance Committee. Members had no comments to make.</p> <p>The Governing Body received the report.</p>	
GOV/14/01/17	<p>Workforce Report CSU (Training, Sickness, Turnover)</p> <p>DJN presented the paper updating the Governing Body on workforce activities up to end of quarter 2 and providing workforce data.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • 45% staff were in the 50+years’ category so was there succession planning for this • This figure was unsurprising given the seniority of staff within the organisation • There would be 10% reduction in running costs in 2015/16 equating to £1.17m. The CCG needed to be developing a plan to deliver in 14/15, to be ready to take the reduction in 15/16 • It would be difficult to benchmark our CCG data with others as CCGs had taken very different decisions about how they were configured <p>The Governing Body received and acknowledged the report.</p>	
GOV/14/01/18	<p>Wiltshire CCG 5-year Strategic Plan</p> <p>DJN gave a presentation (to be attached with these minutes when circulated) to members on the 5-year Strategic Plan explaining that a great deal of work had gone into the development of the plan.</p>	

	<p>Members commented:</p> <ul style="list-style-type: none"> • They had been involved in developing the plan so there were no surprises • Consultation on the plan would need to be retrospective as timescales were so tight • Healthwatch and Wiltshire Council were totally supportive of the plan and there had already been consultation on many aspects of the plan • It was suggested that there needed to be an explicit contractual commitment that the plan would inform the people of Wiltshire • All of the strategy was based on strong and effective primary care • Maximum use should be made of social media in the promotion of the plan to the public <p>DF thanked DJN, and particularly Attain, for undertaking this rapidly moving piece of work.</p> <p>The Governing Body received and discussed the presentation.</p>	<p>DJN</p> <p>HR-G</p>
<p>GOV/14/01/19</p>	<p>Continuing Healthcare (CHC) Review</p> <p>DF presented the report, particularly thanking the CHC team who did a very difficult job very well every day.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • The 28-day timescale was advisory guidance from 2012 and many of the cases in the review were historic, pre-dating 2012 • There may be a further request for a further review • Concern expressed that too much external audit and criticism would be detrimental to the smooth running of the service • The Area Team were pushing back against further review and managing this on our behalf. It was requested that the Governing Body had this in writing <p>The Governing Body received and noted the paper with the above comments.</p>	<p>DF</p>
<p>GOV/14/01/20</p>	<p>NHS Allocations Update</p> <p>STr presented the report providing the Governing Body with an update on the recently announced CCG allocation settlements for both programme and running costs.</p> <p>The Governing Body received and noted the paper.</p>	
<p>GOV/14/01/21</p>	<p>Review of Register of Interests</p>	

	<p>DJN presented the report.</p> <p>STr pointed out that his wife had been the Finance Director of Gloucestershire Hospital FT and was now the Finance Director of the RUH.</p> <p>The Governing Body received and noted the paper.</p>	
<p>GOV/14/01/22</p>	<p>Any Other Business</p> <p>Sharon Murray, a clinical Care Coordinator, gave the Members a presentation (included with the minutes when circulated).</p> <p><i>(Sue Odams left the meeting at 12:55hrs)</i></p> <p>Members commented:</p> <ul style="list-style-type: none"> • SM had demonstrated huge enthusiasm and drive which would sustain the post • In terms of capacity, 15 was the maximum number for SM's case load • Systems failure considerably affected the time taken up for administration; however SM felt that it would improve in time • It would be worth trying to quantify patient outcomes. A patient survey would be an important part of the evaluation. • SM's work would assist with and contribute to a 7-day service <p><i>(James Cawley and Jonathan Rayner left the meeting at 13:05hrs)</i></p> <p>SR thanked Sharon Murray very much for her contribution and her enthusiasm.</p> <p>TW updated Members on the GWH Community IT/Mobile Working bid:</p> <ul style="list-style-type: none"> • GWH presented the bid particulars to the NEW executive on 3 December 2013 and it was supported • Additional financial information was requested from GWH • Once this information was received, final project costs would be agreed with GWH • The bid would go through Clinical Executive, the Finance Committee and the Governing Body in March 2014 • If approved, the first payment would be made in April 2014 or later <p>There was no further business discussed and the meeting closed at 13:10hrs.</p>	
	<p>Date of next meeting – Tuesday, 25 March 2014 in the Town Hall, Melksham.</p>	

GOV/14/01/02

As part of today's meeting, the Governing Body will be discussing a proposal to change the way that overnight short breaks for disabled children and young people are provided in Wiltshire. We recognise that the proposals have generated a large amount of public interest and we have received questions to the Governing Body from eight different people including John Glen MP, two local councillors and trustees of South Wilts Mencap.

The answers to the vast majority of these questions will depend on the result of today's discussion and I must stress that at this stage no decision has been taken by the Governing Body to accept or reject the proposals. I have a copy of all the questions in front of me and during the debate I will ensure that all the issues raised have been discussed to ensure that our final decision today is based on thorough scrutiny and debate.

Every individual that has sent us a question will receive a full response in writing following the meeting. However there are some questions which I can answer now without prejudicing our debate later so I will share these answers with you now.

Q1) Why is the CCG insisting on this change in direct opposition to parents' wishes, as indicated by an overwhelming show of hands at the public meeting held at the Guildhall, Salisbury, on 6th November, and the petition with 6000 signatures?

As I stated earlier, the CCG has not made a decision on the proposals yet. This will happen later in the meeting. However, we have invested a lot of time in consultation and engagement on these proposals to understand the views of families who access or who would like to access overnight short breaks.

We have worked closely with the Wiltshire Parent Carer Council which represents around 800 parent carers across the county. This has included an online survey, emails and letters to stakeholders, meetings with the families using Hillcote, extensive engagement of parent carers as part of Wiltshire's Pathfinder work on implementing the SEN and Disability reforms and a very well-attended public meeting in Salisbury on 6 November 2013.

All of the feedback received from this consultation process will be taken into account today when the Governing Body make their decision.

Q2) We are given to understand that the Wiltshire Council Scrutiny Panel found this decision "unsafe" and that was why the item was removed from the November meeting agenda. What has happened in the interim to render this decision now "safe"?

The Scrutiny Panel did not find the proposal to close Hillcote unsafe. The Lead Member for Children's Services, Councillor Laura Mayes, answered all the concerns raised by the Scrutiny Panel in her response to the Children's Select Committee on 3 December 2013.

The deferral of the item on overnight short breaks from the November Governing Body meeting to today's meeting was due to the need to follow up on concerns raised at the public meeting, particularly relating to the reducing number of children and young people using Hillcote. There will be more discussion of this later I am sure.

Q4) Much mention is made of extra investment to be made in "early intervention services". Can you please explain what this would mean in real terms?

The CCG already commissions a Children's Learning Disability Nursing Service. This currently has 3 staff. If the Governing Body decides to close Hillcote then this would allow more funding to be provided for this service to support parents with issues such as managing challenging behaviour and sleep routines.

Q5) Is there an appeals process to this decision and if so what is it?

There is no appeal process to the CCG's Governing Body. The decision taken today is final and cannot be appealed.

DRAFT