

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 22 JULY 2014 AT 10:00 THE MEMORIAL HALL, ROYAL
WOOTTON BASSETT**

Present:

Dr Steve Rowlands	SR	General Practitioner (GP) Chair
Deborah Fielding	DF	Chief Officer
Peter Lucas	PL	Lay Member and Vice Chair
Steve Perkins	SP	Deputy Chief Finance Officer
Mary Monnington	MM	Registered Nurse Member
Dr Mark Smithies	MS	Secondary Care Doctor
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 Helen Osborn	HO	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Debbie Beale	DB	GP Vice Chair, WWYKD
Dr Elizabeth Stanger	ES	GP Sarum

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	Group Director, WWYKD
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Lynn Talbot	LT	Interim Director of Transformation
Chris Graves	CGra	Chair, Healthwatch
James Roach	JR	Interim Joint Integration Director, Wiltshire Council/CCG
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Susannah Long	SL	Governance and Risk Manager, Wilts CCG
Lynne Beta	LB	Administrator, Wilts CCG
Lorna Maslen	LM	Team Administrator, Minutes

Non Voting Members who always attend:

Helen Robinson-Gordon	HR-G	Head of Communications and Engagement
Rob Hayday	RH	Associate Director, Performance, Corporate Services and Head of PMO

Press:

Tony Millett	TM	Press
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Apologies:

Maggie Rae	MR	Corporate Director, Wiltshire Council
Dr Peter Jenkins	PJ	GP Medical Advisor
Dr Celia Grummitt	CGru	GP Chair, Sarum
Simon Truelove	STr	Chief Financial Officer
Christine Reid	CR	Lay Member
Diana Hargreaves	DJH	Board Administrator, Wilts CCG

GOV/14/07/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above.	

GOV/14/07/02	Questions/Comments from the public A question from Mr Robert Champion was raised regarding the lack of transportation for his daughter, who had complex needs, from hospital. This was a communications error, as Aviva were not contracted to move Somerset CCG patients.	
GOV/14/07/03	Declarations of Interest 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). There were none declared.	
GOV/14/07/04	Previous minutes of CCG Governing Body in Public held on 20 May 2014 The minutes were agreed as an accurate record.	
GOV/14/07/05	Matters Arising <ul style="list-style-type: none"> GOV/14/5/11 The action for the Group SLAs does not appear on the action tracker. The following action will be added: The Groups' SLA format would be amended to show the impact of the investment funding on individual projects. 	DJH/LB JCu/TW/MH
GOV/14/07/06	Action Tracker <ul style="list-style-type: none"> GOV/14/05/15 IG staff training to be picked up in the IG Action Plan. All current actions on the tracker now completed.	
GOV/14/07/07	Chair's Report The Chair stated that: <ul style="list-style-type: none"> The 5 year plan was now in place and implementation had commenced, with stakeholder events taking place and attendance at Area Boards SR attended the NHS Conference in Liverpool at which all the political leaders reiterated that there was no further money for the NHS SR had a very useful meeting with Jeremy Hunt at 10 Downing Street Co-commissioning with NHS England for Primary Care and Specialist Commissioning was underway 	
GOV/14/07/08	Register of Sealings None.	
GOV/14/07/09	Dementia Strategy – approval TW presented the report on the Dementia Strategy which was a joint strategy between Wiltshire Council and Wiltshire CCG resulting from formal public consultation, between this February and May, to improve and address dementia care for the next six years in Wiltshire. The CCG had invested heavily in Dementia Services in the past year in order to improve waiting times and faster diagnosis: however, there was much more to do to improve care for dementia sufferers. Comment was made that services should be equitable across Wiltshire and staff training to be developed to ensure a dementia friendly service. Implementation	

	<p>would be reflected in the action plan. There would be a 20% rise in patients diagnosed with dementia in the future but these would mainly be supported in the community. The Governing Body were grateful to Dr Celia Grummitt for leading on this programme.</p> <p>The action plan would be developed and brought back to another Governing Body meeting.</p> <p>The Governing Body received and agreed the report.</p>	TW
GOV/14/07/10	<p>Integrated Performance Management Report</p> <p>It was reported that levels of activity continued to rise against plan. The Great Western Hospital (GWH) continued to work through the Emergency Care Intensive Support Team (ECIST) report which would address some activity levels.</p> <p>Programmes and Activity – This was reviewed and many areas were undertaking good work: however some areas were not meeting targets. The internal resources of Wiltshire CCG would be reviewed to ensure capacity was available to meet the reprioritised programmes.</p> <p>Patient Story – Mrs Eve Curnow provided an overview of her daughter’s case and the importance of personal control within the home environment.</p> <p>Quality – The issue of Deprivation of Liberty was highlighted. This was causing pressure on Health and Social Care (HASC) and was already impacting on Delayed Transfers (DToc) of patients. High dependency and end of life patients needed to have assessments, but staff would require additional specialised training. It was discussed at CQRM that the Hospital Standard Mortality Ratio (HSMR) had risen this month.</p> <p>Finance – An overview of the Month 3 position was provided. Predictions for this point in the year are difficult but it already showed pressure on non-elective and day case activity. Providers were utilising the escalation capacity which was typically staffed by non-substantive staff which in turn produced another financial challenge. April non-elective activity had increased nationally for A & E services. Under performance against a number of access targets also continued and a review of Urgent Care Providers was taking place reviewing the whole system to identify areas for change. Concern was raised that the contingency fund was already being utilised and care must be taken.</p> <p>Programme Management Office – An internal audit had taken place of programmes and plans formulated going forward. There was a need to review the workforce and to focus on the priority programmes to deliver QIPP and the Community Teams, with some programmes being deferred. A good strategic plan was in place, which was not delivering yet, but there was still the commitment to provide an out of hospital service around Clusters.</p> <p>The Governing Body received and agreed the report.</p>	
GOV/14/07/11	<p>Optimising Community Teams Business Case</p> <p>11 Community Teams had begun the transition towards the 20 Clusters working around Primary Care. Staged recruitment was taking place for an additional forty therapists and nursing positions, to complete the establishment of the teams, with 13 positions filled to date. Funding for recruitment was to be monitored and released in stages. Finance Committee approved this programme but with funding provided on results. Concern was raised that the Clusters’ staffing levels should provide flexibility for covering staff absence and sickness. Change management was key in changing the current culture and this change was vital</p>	

	<p>in the 20k Clusters. By the 4 August 2014, the GPs will know their Cluster teams and where vacancies occur.</p> <p>The Governing Body received and approved the report with staged funding.</p>	
GOV/14/07/12	<p>Overnight Short Breaks</p> <p>JC-C presented the paper and DJN asked for clarification regarding the wording within the paper which referred to 'the closure of Hillcote'. All references to Hillcote should be referred to as 'the proposal on the intent to close'. The Governing Body approved the additional funding request for the development of specialist carers and the extension to the Community Nursing Team for Children with Learning Difficulties. A further progress report will come to the Governing Body in the Autumn.</p> <p>The Governing Body received and agreed the report.</p>	JC-C
GOV/14/07/13	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN presented the BAF and RR highlighting the top ten risks, which had been reviewed by the Directors and scrutinised by the Audit and Assurance Committee. Optimising Community Teams was now on the register and concern was raised that the DToC was unchanged. DToC would be included in the Better Care Plan Workshop. Action plans for acute hospital to improve.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/14	<p>Sarum SLA Q4 Report 13/14</p> <p>The report highlighted a 14% reduction in care home admissions: however, the risk evaluations needed improvement. Sarum were focusing on working within the SLA as last year they had underspend monies to utilise. It was reported that there was a need to engage with GPs as there was currently an overspend on Medicines.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/15	<p>WWYKD SLA Q4 Report 13/14</p> <p>It was reported that WWYKD were engaging with practices and the group was divided into four working areas. Care home projects – there was still work to be done especially around EOL and Do Not Attempt Resuscitation (DNAR). Keen to integrate as soon as possible into Clusters and not be held back. Leadership in each area was essential to make this happen. Orthopaedic activity was a risk as there were still long waiting times for Physiotherapy appointments. GP capacity was highlighted as another risk.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/16	<p>NEW SLA Q4 Report 13/14</p> <p>It was reported that practice engagement with QIPP was taking place. Care home patient admissions to acute hospitals were down by 19%. Care coordinators were being managed by their practices and the group was working with Area Boards as stakeholders. All practices were engaged with the Community Review. Muscular skeletal (MSK) and Ophthalmology services were both a risk to NEW.</p> <p>The Governing Body received and discussed the report.</p>	

GOV/14/07/17	<p>Primary Care Co-commissioning</p> <p>Wiltshire CCG expressions of interest were submitted on 19 June 2014 after consultation with practices, LMC and neighbouring CCGs. Delegated responsibility for enhanced services, extended hours and QOF had been requested, which would be more cohesive. The Primary Care budget was being produced, but additional staff resources would be required, which would have a funding impact.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/18	<p>Operational Resilience and System Capacity</p> <p>An update was given in response to NHS England guidance. A new element this year was planned care treatment rates. Non-recurrent funding would be provided this year on activity which was different to last year. It was noted that the Urgent Care Programme had been re-focused to become the Systems Resilience Group. Terms of Reference prepared for submission at the end of July. Delegated authority had been requested to meet this deadline. ECIST were working through recommended actions to improve flow and capacity within the acutes.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/19	<p>Results from the 360 Stakeholder Survey</p> <p>The 360 survey was commissioned by NHS England to provide assurance that the CCG was providing visible leadership, building key relationships with stakeholders and monitoring and improving performance. It was reported that working relationships with the CCG were very good and rated at 85% against the national average of 79%. An area for improvement was to have a clear and visible clinical leadership, rated at 61% against national average of 78%.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/20	<p>Results from the Public Engagement with the 5-year Plan</p> <p>Paper postponed until September.</p>	
GOV/14/07/21	<p>Financial Year 2015/16 – Internal Planning Arrangements</p> <p>An internal prioritisation exercise was being carried out with the aim of reviewing the programmes of work and the expected delivery of those programme priorities. This exercise would take place to ensure delivery of the vision set out in the five year plan and meet the QIPP savings for 2014/15. Some programmes would be deferred to concentrate on the revised priorities and staff capacity would be adjusted to meet these priorities.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/07/22	<p>Quality and Clinical Governance Committee – Annual Report 2013-14</p> <p>JC-C presented the report to Members and summarised the key points.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/23	<p>Equality and Diversity Report</p> <p>It was reported that a SLA was in place with Central Southern Commissioning Support Unit (CSCSU) to provide specialist assistance with equality and</p>	

	<p>diversity. Good quality Equality Impact Assessments were now being produced, with each business case. A staff training programme was now in place.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/24	<p>Annual Assurance Process</p> <p>DF advised members that the CCG had received a letter from NHS England following the Q4 Annual Assurance meeting, where the Assurance Framework was discussed. The letter highlighted the improvements made with the local authority and the level of agreement with the Better Care Plan. Concern was raised that relationships would be under pressure as funding was restricted: so leadership would require adapting as appropriate. It had been agreed to meet on a quarterly basis rather than monthly.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/25	<p>Re-commissioning of Children’s Community Health Services – update</p> <p>An update was provided and it was noted that further consultation was required. An extension to January 2016 was requested to undertake this piece of work.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/26	<p>Review of Register of Interests</p> <p>The need to register Declarations of Interest was discussed in GOV/14/07/03.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/27	<p>Better Care Plan</p> <p>An overview of the work being carried out towards the Better Care Plan (BCP) was provided:</p> <ul style="list-style-type: none"> • A review of key schemes that feed into the BCP • Step Up bed numbers were being increased • STARR and SPA processes being reviewed as key to admission avoidance • BCP would be on the agenda of the health related Area Board meetings in September • Healthwatch involved for engagement with the public • Community campuses would be used in some areas to deliver the BCP • Demographics being reviewed across Wiltshire to ensure equity <p>It was noted that measurement within the BCP needed to take place to ensure return on investment of £2.7m funding provided.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/07/28	<p>Any Other Business</p> <p>There were no further items discussed and the meeting closed at 12:34hrs.</p>	
<p>Date of next Governing Body Meeting in Public: Tuesday, 23 September 2014 at Southgate House, Devizes</p> <p>Date of Annual General Meeting: Tuesday, 16 September 2014 at The Town Hall, Chippenham</p>		