

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 25 NOVEMBER 2014 AT 10:00 IN THE ALAMEIN SUITE, CITY
HALL, SALISBURY**

Present:

Dr Steve Rowlands	SR	General Practitioner (GP) Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
Christine Reid	CR	Lay Member
Mary Monnington	MM	Registered Nurse Member
Dr Toby Davies	TD	GP Chair, Sarum
Dr Helen Osborn	HO	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Richard Sandford-Hill	RS-H	Interim GP Vice Chair, WWYKD
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP, Vice Chair, NEW
Dr Andy Hall	AH	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
Ted Wilson	TW	Group Director, NEW
Mark Harris	MH	Group Director, Sarum
Chris Graves	CGra	Chair, Healthwatch
James Roach	JR	Interim Joint Integration Director, Wiltshire Council/CCG
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Dr Peter Jenkins	PJ	GP Medical Advisor
Julia Cramp	JCr	Service Director, Commissioning and Performance, Wiltshire Council
Susan Tanner	STa	Head of Commissioning and Joint Planning Children's Services, Wiltshire Council
Lynne Beta	LB	Administrator, Wilts CCG
Diana Hargreaves	DJH	Board Administrator, Wilts CCG

Non Voting Members who always attend:

Sarah MacLennan	SM	Interim 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:

Lynn Talbot	LT	Interim Director of Transformation
Peter Lucas	PL	Lay Member and Vice Chair
Dr Chet Sheth	CS	GP Vice Chair, Sarum
Maggie Rae	MR	Corporate Services Director, Wiltshire Council
Dr Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)

GOV/14/11/01	<p>Welcome and apologies for absence</p> <p>SR welcomed everyone to the meeting noting the apologies as recorded above.</p> <p>A particular welcome was extended to Dr Richard Sandford-Hill, replacing Dr Debbie Beale, on an interim basis, as GP Vice Chair of WWYKD.</p>	ACTION
GOV/14/11/02	<p>Questions/Comments from the public</p> <p>There was one question from Dr Angela Scott which was read out and responded to verbally by JCr. A written response will be sent out in due course and the question and the response posted on the website with the published minutes.</p>	JCr
GOV/14/11/03	<p>Declarations of Interest</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> <p>RH explained that the upcoming Adult Community Services procurement process had the potential to bring a particularly sharp focus on conflicts of interest. Members were asked to return the forms sent to them by RH by the end of the week.</p>	
GOV/14/11/04	<p>Previous minutes of CCG Governing Body in Public held on 23 September 2014</p> <p>P1 - GP Vice Chair 'Sarum' not 'NEW' P3 – Dashboard 'is' completed not 'would be' P5 – 'as well as' not 'rather than'</p> <p>The minutes were agreed as an accurate record with the amendments noted above.</p>	DJH
GOV/14/11/05	<p>Matters Arising</p> <p>None.</p>	
GOV/14/11/06	<p>Action Tracker</p> <p>GOV/14/07/05 WWYKD and NEW's SLA formats had been updated. Complete.</p> <p>GOV/14/09/09 Amendments had been made in the final version. Complete.</p> <p>GOV/14/09/11 The individual was discharged from hospital on 5 September, formally assessed on 25 September and CHC payments started immediately. Complete.</p> <p>GOV/14/09/16 JR – voluntary sector public event being organised by Healthwatch in December. Complete.</p> <p>GOV/14/09/16 FC – preventative work as part of the BCF was still not ready to present but would be ready for the January GB meeting.</p> <p>GOV/14/09/17 RH – feedback given to the CSCSU on presentation of data. Complete.</p>	FC

	<p>GOV/14/09/17 The ESR database that HR used for the workforce report recorded CCG staff activity and did not include GPs. Complete.</p> <p>GOV/14/09/19 On the agenda. Complete.</p>	
GOV/14/11/07	<p>Chair's Report</p> <p>The Chair reported on:</p> <ul style="list-style-type: none"> • Being unapologetic about his facial hair as part of Movember, which was about drawing attention to men's health and screening through the power of the moustache • The recent peer review was the review of the Health and Wellbeing Board's functionality and process, carried out by the Local Government Association, Wiltshire Council, CCGs, Public Health and the Local Medical Council. C150 people were interviewed and the feedback was very positive: the final written report would be shared when available • Working with Wiltshire Council on the Area Boards • The Royal United Hospital, Bath had gained Foundation Trust status and would now be in a position to look at the future of RNHRD as an acquisition • The re-procurement of the Adult Community Service was on the agenda for this meeting • The 100-day challenge ends on 9 December and the feedback would be brought to future meetings 	
GOV/14/11/08	<p>Register of Sealings</p> <p>None.</p>	
GOV/14/11/09	<p>Adult Community Services Procurement</p> <p>TW introduced the report updating Members on progress and setting out the proposed procurement timetable and arrangements for the development of service specifications.</p> <p>RH gave a short presentation on the key issues explaining that many people had been involved in producing the report, including the CSU procurement team. The Governing Body were asked to make six decisions:</p> <ol style="list-style-type: none"> 1. Endorse the use of outcomes as the basis for commissioning. The Members agreed. 2. Confirm the preferred contracting model from the 4 options listed on p21 and discounting options 5, 6 and 7 as these would be options for more than one contract. <p>Members wanted confirmation that the CCG was content that the agreed options would not be restrictive in terms of any changes in government policy. TW responded saying that the government was moving towards helping and supporting integrated services in a more proactive way which would open up more opportunities for CCGs. The Members agreed.</p> <ol style="list-style-type: none"> 3. Agreement on the length of contract including any extension 	

	<p>period.</p> <p>STr said that national thinking around contract length was shifting substantially and that, if we wanted providers to invest in our services, then short term contracts were a disincentive to providers. JR asked about the application of sanctions within the 5-year period and was reassured that our contracts had robust clauses in terms of sanctions and that contracts would be terminated if the services were not being provided.</p> <p>The Members agreed.</p> <p>4. Ratify progression to formal procurement. The Members agreed.</p> <p>5. Agree to delegate decision making authority to the Clinical Executive to support the lead in to formal procurement (ie prior to PQQ) and in so doing identify that no individuals have a known or potential conflict of interest associated with the procurement of ACS: and where individuals are conflicted, it is accepted that they will become excluded from information, discussions and decisions associated with this procurement. The Members agreed and were asked to send the conflicts of interest forms back to RH by the end of the week.</p> <p>6. Agree the approach to communication, engagement and consultation for the ACS. The Members agreed.</p> <p>Members were advised that the PQQ process meant that the right providers would be chosen, as they were required to meet certain criteria and demonstrate that they had the resources to deliver the services. Healthwatch would advise over the stakeholder engagement to ensure that this was being done effectively.</p> <p>JR asked to what extent the contract would reflect the specialities to be managed. TW said the learning from the outcomes of the 100 Day Challenge would be incorporated into the specifications. Although the procurement would be building on the existing service, there would be new service specifications for three areas and It would be important to engage with the public on these.</p> <p>The Governing Body received and approved the report.</p>	
<p>GOV/14/11/10</p>	<p>Information Management and Technology Strategy - approval</p> <p>STr presented the strategy describing the drivers and outcomes that the CCG wished to commission from its current providers and went through the presentation slides (attached with the minutes), highlighting the two key issues - governance and the security of the system. As a commissioning organisation, the CCG needed to ensure the information governance arrangements of its providers were sound and to be open and honest about what the IM&T strategy was about: staff training was required to ensure information security was key.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • It was important to ensure the CCG received value for money 	

	<p>from the major investment the NHS had made in IM&T</p> <ul style="list-style-type: none"> • There was 90% coverage in primary care in Wiltshire of the TPP system • The CCG was purchasing a system that had been tried and tested elsewhere in the country • In response to the question of whether the system was sophisticated enough to allow the layering of information, STr explained that there were filters within the system to manage this, as different workers would have different layers of access <p>The Governing Body received and approved the strategy, the proposed IM&T programme and the governance arrangements.</p>	
GOV/14/11/11	<p>Integrated Performance Management Report (IPR)</p> <p>DJN presented the IPR assessing the performance of the CCG for quality, financial management and patient access and project management: also providing information on the Better Care Plan and the 100 Day Challenge.</p> <p>Quality: JC-C introduced the quality section and handed over to LB to tell the patient story about how her parents had been able to stay in their own home thanks to the support they had received. JC-C thanked Lynne and her parents for allowing their story to be told.</p> <p>JC-C highlighted that, amongst a range of other measures and metrics, the National Patient Safety Thermometer data showed patients with harm percentage at SFT running higher than expected at almost 13%: the other two Trusts' percentages were much lower. The CCG was working with SFT on this and we would continue to monitor closely on behalf of the population. However, across the board at SFT it was a more positive picture than this metric might indicate with the CQC awarding a rating of 'good': it was important that the poorest performing areas were brought up to the highest and that the latter shared the excellent leadership across the organisation. The Governing Body sought and received assurance from JC-C that SFT were very clearly addressing the issues and had an open and robust plan to achieve improvement in this important area. This included robust communications to ensure that clear messages got from 'ward to Board', ie the SFT Board maintained a very close eye on quality and patient safety: and the detail of their remedial plans was discussed at formal performance meetings.</p> <p>SR thanked LB for her powerful personal story which reminded us all of why we came to work.</p> <p>Finance and Access: STr introduced the finance and access section emphasising that, although the CCG continued to forecast the achievement of the planned surplus of £5.3m, the financial position was still under significant pressure with pressure on planned and unplanned care still above plan.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Concern expressed about the over-performance in a range of specialities and how the CCG intended to improve these services • The over-performance was system-wide with acute hospitals all 	

	<ul style="list-style-type: none"> feeling the pressure • Referrals from primary care to secondary care should be eradicated if they were not necessary. NICE guidelines suggested there was too much referral • CCG needed to work out local pathways and rationalise processes • Implementation of the IM&T strategy would assist with this <p>STr advised Members that he was very aware of the pressures facing all three acute hospitals and the clear need to maintain focus on quality in the post-Francis era.</p> <p>MM said that the SFT patient group was very active and was another vehicle by which the CCG gained assurance that any concerns were being dealt with at a local level.</p> <p>Programme Management: DJN presented the programme management section reiterating that higher than anticipated activity and the under-achievement of QIPP financial targets presented the CCG with a very difficult challenge. Commissioning intentions were finalised and published and work had commenced on internal annual planning to produce a delivery plan for 2105/16.</p> <p>CR would welcome an update on the upcoming Care Act and DJN was discussing this with Wiltshire Council colleagues with a view to a paper/presentation early in the New Year.</p> <p>The Governing Body received and discussed the report.</p>	
<p>GOV/14/11/12</p>	<p>Financial Outlook for 2015/16 <i>(Taken after item 16)</i></p> <p>STr presented the slides (attached with the minutes) outlining the key issues and pressures facing the CCG.</p> <p>Key points raised:</p> <ul style="list-style-type: none"> • The £15.1m QIPP figure for next year • This figure would be unlikely to be delivered so a realistic approach was needed to how much could be delivered • The population was growing at a much quicker rate than expected • Running costs to be reduced by £1.2m • The expenditure plan detail in the Better Care Plan gave opportunities around investment • It was important that the press correctly articulated the messages so that the public were aware <p>The Governing Body received and discussed the report.</p>	
<p>GOV/14/11/13</p>	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN presented the BAF identifying potential risks to the strategic objectives of the CCG and the RR identifying the Top 10 risks.</p> <p>The Governing Body received the report and agreed the Top 10</p>	

	risks.	
GOV/14/11/14	<p>Sarum Service Level Agreement (SLA) Quarter 2 (Q2) Report 14/15</p> <p>TD introduced the report on the progress against the actions set out in the Sarum Group SLA 2014/15 highlighting the care homes project to maintain the reduction in unplanned attendances and admissions of patients from care homes.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Admission rates from care homes were much the same across the three groups • Discussions were taking place with South West Ambulance Service Trust (SWAST) about how they dealt with 999 calls • Working in partnership with care homes with higher admissions' rates to educate them about the different pathways in place and to give them access to the alternatives <p>The Governing Body received and discussed the report.</p>	
GOV/14/11/15	<p>West Wilts, Yatton Keynell and Devizes (WWYKD) SLA Q2 Report 14/15</p> <p>HO introduced the report on the progress against the actions set out in the WWYKD Group SLA 2014/15. RS-H described a project being managed in Devizes, involving teamwork between paramedics, practices and community teams and fitting with the CCG's IM&T strategy.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/11/16	<p>North and East Wiltshire (NEW) SLA Q2 Report 14/15</p> <p>AC introduced the report on the progress against the actions set out in the NEW Group SLA 2014/15 particularly mentioning that, under the Controlling and Reducing Admissions work stream, two surgeries had been singled out for second visits so that support could be put in place.</p> <p>MM noted that outpatient follow-up appointments had gone up substantially in both NEW and WWYKD. MH responded, as planned care lead, saying that he was seeking validation on the data from the Information Management team.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/11/17	<p>2015/16 Planning Process – update</p> <p>DJN presented the report explaining that the CCG was undertaking the annual planning round for 2015/16 which would be about evolution not revolution: so would be a refresh of existing plans and a draft plan would be brought to the Governing Body meeting in January.</p> <p>DF advised Members that the management of QIPP finances tied in with our planning round and Attain were speaking to the Groups to re-assess their QIPP plans. The Governing Body needed to make a decision about how the CCG wished to treat the finances which would impinge on next</p>	

	<p>year's planning.</p> <p>Reverting to item 12, STr went through the potential options, taking into account the risks. DF stated that she would not be comfortable with giving up the percentage reduction in headroom and it would be imprudent to go into next year with an unachievable £15.1m QIPP. STr suggested that there might be some more non-recurrent funding announced in the Autumn Statement, which would help to offset the figures: however, it was crucial for everybody to achieve as much of the QIPP targets as possible. DF and STr would re-jig the figures to present as a comprehensive position, with the bottom line managed as efficiently as possible.</p> <p>Members discussed various options including:</p> <ul style="list-style-type: none"> • Mitigation of growth by the acute hospitals • Removal of perverse incentives • Investment in more innovative schemes • Messages to be put across to the frontline GPs • Importance of a good patient journey and experience • Prioritisation of commitment • Clinicians willing to front up messages to the public • Communication of the issues as widely as possible • Public were aware of the situation and the challenges • Clinicians to look at pathways and start effecting change <p><i>Julia Cramp left the meeting at 13:20hrs</i></p> <p><i>James Roach left the meeting at 13:30hrs</i></p> <p>The Governing Body received and discussed the report.</p>	
<p>GOV/14/11/18</p>	<p>Public Health Annual Report</p> <p>FC presented the Council's annual report, on behalf of MR, on the health of the local population, to account for public health activity and to chart progress.</p> <p>HO offered to discuss the use of funding for NHS Health Checks with the Council.</p> <p>DF thanked FC for the presentation and stated that a further presentation would be helpful in order to understand how NHS England and Public Health England were organised at the moment and who was responsible for which areas. FC responded by saying that both organisations were re-structuring and, after March 2015, there would be an opportunity to present at a Clinical Executive meeting. It was also stated that the peer review had noted that Public Health was an asset in Wiltshire and Public Health colleagues would make contact with the locality groups.</p> <p>The Governing Body received and discussed the report.</p>	<p>FC/HO</p> <p>FC</p>
<p>GOV/14/11/19</p>	<p>Workforce Report – Q2</p> <p>DJN presented the report updating Members on workforce activities up to the end of Q2 and providing workforce data.</p>	

	<p>It was agreed that:</p> <ul style="list-style-type: none"> • The objective setting and appraisals statistic was concerning and all Executive team members had a clear responsibility to ensure this improved across the CCG • A formal report and action plan on the staff survey would be available in the future <p>The Governing Body received and discussed the report.</p>	
GOV/14/11/20	<p>Overnight Short Breaks for disabled children in Wiltshire – report on Hillcote (Taken after item 12)</p> <p>JC introduced the report providing Members with an update following the CCG Governing Body approval in January 2014 to re-design overnight short breaks services for disabled children and young people, and before the Governing Body were asked to make a final decision at the Governing Body meeting in January 2015.</p> <p>JC stated that SW Mencap were part of the implementation group and had come to a position where they were no longer in opposition to the proposal to re-design services.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/14/11/21	<p>Review of Register of Interests</p> <p>DJN presented the current Register of Declarations of Interest.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/11/22	<p>Operational System Resilience and Capacity Planning – update</p> <p>JCu presented the report updating Members on how best practice within planned and urgent care was being implemented and the health and social care investments to support operational resilience.</p> <p>The Governing Body received and noted the report.</p>	
GOV/14/11/23	<p>Any Other Business</p> <p>There was no other business discussed and the meeting closed at 13:45hrs.</p>	

Date of next Governing Body Meeting in Public: Tuesday, 27 January 2015, Conference Room, Southgate House, Devizes.