

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY, 27 JANUARY 2015 AT 10:00 IN THE CONFERENCE ROOM,  
SOUTHGATE HOUSE, DEVIZES**

**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
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Toby Davies	TD	GP Chair, Sarum
Dr Chet Sheth	CS	GP Vice 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 Simon Burrell	SB	GP Chair, North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, Vice Chair, NEW

**In Attendance:**

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Group Director, WWYKD
Ted Wilson	TW	Group Director, NEW
Lucy Baker	LB	Interim Associate Director, Sarum
Chris Graves	CGra	Chair, Healthwatch
Dina McAlpine	DMcA	Deputy Director, Quality and Patient Safety
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 ( <i>for paper 09</i> )	JCr	Service Director, Commissioning and Performance, Wiltshire Council
Diana Hargreaves	DJH	Board Administrator, Wilts CCG

**Non Voting Members who always attend:**

Sarah MacLennan	SM	Interim Head of Communications and Engagement
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**Press:**

Tony Millett	TM	Press
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**Apologies:**

Mary Monnington	MM	Registered Nurse Member
Peter Lucas	PL	Lay Member and Vice Chair
Maggie Rae	MR	Corporate Services Director, Wiltshire Council
Lynn Talbot	LT	Interim Director of Transformation
Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety
Mark Harris	MH	Group Director, Sarum
Rob Hayday	RH	Associate Director, Performance, Corporate Services and Head of PMO

GOV/15/01/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above. Ben Jones was introduced as an internal auditor from PwC who	

	was observing the meeting. SR apologised to the public for a technical problem with the sound system, so there would be no microphones used at this meeting.	
<b>GOV/15/01/02</b>	<b>Questions/Comments from the public</b>  No questions were received ahead of the meeting.	
<b>GOV/15/01/03</b>	<b>Declarations of Interest</b>  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).  HO declared that she was employed for one session a week by Sirona Health and Care to provide contraceptive services and that this contract was now held by Salisbury Foundation Trust. SB clarified that, although he used to be a Director of Wilcare Health Services Limited, he was no longer and the company no longer existed. He continued saying that he had no connections with Medvivo or any other providers and he would have no interest in any consortium that his practice may be involved with in the future.  There were no other declarations made.	
<b>GOV/15/01/04</b>	<b>Previous minutes of CCG Governing Body in Public held on 25 November 2014</b>  Both sets of minutes were agreed as an accurate record.	
<b>GOV/15/01/05</b>	<b>Matters Arising</b>  None.	
<b>GOV/15/01/06</b>	<b>Action Tracker</b>  <b>GOV/14/11/18</b> To remain on the tracker.	
<b>GOV/15/01/07</b>	<b>Chair's Report</b>  The Chair reported on: <ul style="list-style-type: none"> <li>• The three pilot demonstrator sites were up and running before Christmas: they were working well and had gained the approval of local GPs</li> <li>• Transforming Care of Older People – although we were not hitting our targets, the initiatives that were in place were beginning to make a difference as admission rates were going down</li> <li>• Winter pressures – again, although well below target with our three acute hospitals, we were still further above target and were struggling less than many other CCGs</li> <li>• The integration agenda that the CCG was pursuing was in line with political thinking</li> </ul>	
<b>GOV/15/01/08</b>	<b>Register of Sealings</b>	

	None.	
<p><b>GOV/15/01/09</b></p>	<p><b>Overnight Short Breaks for disabled children in Wiltshire – report on Hillcote</b></p> <p>JCr introduced the report providing an update following the Governing Body approval in January 2014 to re-design overnight short breaks services for disabled children and young people, which would include:</p> <ul style="list-style-type: none"> <li>• The establishment of an Implementation Group to oversee the proposed changes</li> <li>• The proposal to close Hillcote in June 2015</li> <li>• The development of a new Special Educational Needs/Disability (SEND) Specialist Carers’ Service with a minimum of two SEND Specialist Carers in South Wiltshire</li> <li>• A smooth transition for the families currently using Hillcote</li> <li>• A choice for families on how to receive overnight short breaks</li> <li>• Increased investment in early intervention for families with a disabled child</li> <li>• More efficient use of public money and resources</li> </ul> <p>Following further consultation with parents, carers and other stakeholders, JCr advised Members that there had been a high level of support for the new service model, but continuing concern about the potential closure of Hillcote among some carers in the south of the county, and all families who had requested short breaks had had their needs met in a variety of ways.</p> <p><i>Dr Chet Sheth arrived at 10:15hrs</i></p> <p>It was agreed that ongoing scrutiny was essential and the Implementation Group would continue to provide the governance and assurance that the right system was in place. JCr would report back to the May Governing Body meeting.</p> <p>In response to Members asking about recruitment to the service and when the posts would be filled, JCr responded:</p> <ul style="list-style-type: none"> <li>• The contract for SEND Specialist Carers had been developed and the person specifications refined</li> <li>• Information evenings had been held with interested foster carers in Salisbury and Trowbridge, which had attracted formal expressions of interest</li> <li>• There was now a targeted campaign with an individual employed specifically for this recruitment and it was expected that the right number of Specialist Carers would be recruited</li> </ul> <p>JCr concluded by saying that parents were increasingly using direct payments to take control of what they wanted.</p> <p><b>The Governing Body approved the decision to close Hillcote from 30 June 2015 and to reinvest the £600k per annum, as per the new service model.</b></p> <p><i>JCr left the meeting at 10:20hrs</i></p>	<p style="text-align: center;"><b>JCr</b></p>
<p><b>GOV/15/01/10</b></p>	<p><b>Delivery Plan 2015/16 – approval</b></p>	

	<p>DJN presented the slides, attached with the minutes, on the progress with the 2015/16 Delivery Plan, stating that the CCG had:</p> <ul style="list-style-type: none"> <li>• Formulated a workplan meeting the NHS England's timetable</li> <li>• Refined the shortlist of projects into a more manageable portfolio</li> <li>• Reviewed NHS England's requirements to develop the submission</li> </ul> <p>and went through each of the nine projects in more detail.</p> <p>DJN advised Members of the next steps, with a workshop with providers on 5 February to develop plans in more detail, internal review and sign-off w/c 16 February, draft submission on 27 February and final submission on 10 April.</p> <p>DF thanked DJN for his technical presentation and explained, in laymen's terms, that this was a refresh of the 5-year strategy that was published at the beginning of 2014: having completed a process of seeing what was working, and analysing what we did more or less of and how we made it affordable. The acute hospitals were comfortable that we were doing the right thing and going in the right direction but wanted more work in the community and implemented faster. The plan needed to give NHS England the assurance that the CCG were able to deliver the projects and that they were affordable. The money already invested would produce financial savings by keeping people in the right place close to their homes.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Transforming Care of Older People (TCOP) – the emphasis must be on primary care as there were twelve times as many patients that went to their GPs every day than visited Accident and Emergency</li> <li>• Focusing money and energy on providing Child and Adolescent Mental Health Services in the community was impressive</li> </ul> <p>SR thanked DJN for his work on this.</p> <p><b>The Governing Body noted the progress with the delivery plan.</b></p>	
GOV/15/01/11	<p><b>Review of H&amp;S policy – approval</b></p> <p>DJN presented the report which was an amended policy following the review of the current health and safety policy, which had been in place for a year.</p> <p><b>The Governing Body received and approved the amended policy.</b></p>	
GOV/15/01/19	<p><b>WCCG Constitution - approval</b></p> <p>DJN presented the reviewed and updated Constitution, reflecting the current arrangements within the CCG, and informed Members of the main changes to the document.</p> <p>CR said that she was particularly pleased to see the enhancement of the section on public involvement and felt more confident about delivery of this with a newly configured Communications Team.</p>	

	<b>The Governing Body noted the amendments and approved the updated Constitution.</b>	
<b>GOV/15/01/12</b>	<p><b>Primary Care Co-commissioning</b></p> <p>JCu introduced the report summarising the background to the decision to submit an expression of interest to undertake joint commissioning of primary care, subject to formal consultation and a mandate from member practices.</p> <p>Members heard that there was no delegated funding to support this and there had been no increase in the CCG's running cost allocation.</p> <p><b>The Governing Body approved the wording for the objectives and benefits section of the submission, contained in Annex 1.</b></p>	
<b>GOV/15/01/13</b>	<p><b>Records Management Strategy – approval</b></p> <p>STr presented the strategy setting out the practical steps for the CCG to take to deliver improved compliance with the Records Management Policy.</p> <p><b>The Governing Body received and approved the strategy.</b></p>	
<b>GOV/15/01/14</b>	<p><b>100-Day Challenge – report findings and recommendations</b></p> <p>JR presented the paper with the 100-Day Challenge performance, observations and recommendations, stating that there was a rich evidence base on which to plan the priorities and the objectives of Wiltshire Council and the Wiltshire CCG.</p> <p>SR thanked JR for the huge amount of valuable work, especially from a clinical point of view.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• It was good to see the inclusion of the locality groups with key messages</li> <li>• The document was completed on 9 December and was the momentum being maintained? JR stated that there was ongoing impact on non-elective demand and the momentum would continue into 2015/16</li> <li>• Softer figures and headline numbers would be more useful. JR agreed to provide these in an easier form</li> <li>• The report was addressing problems that had been present for years and the recommendations would make a difference to patients' lives</li> <li>• The pressures on the system would produce headlines in the run-up to the election but patient outcomes were what was important</li> <li>• This was a culture change that would be difficult to measure and we should concentrate on the powerful patient stories</li> <li>• It was important to ensure that patient's wishes were shared across organisations: information about the new Treatment Escalation Plan (TEP) is attached with the minutes</li> </ul>	<b>JR</b>

	<p><b>The Governing Body received and approved the report.</b></p>	
<p><b>GOV/15/01/15</b></p>	<p><b>Adult Community Services (ACS) Procurement update</b></p> <p>TW presented the paper updating Members on progress and the decisions required in advance of formal procurement, stating that the service was high profile and had a high value of £185m. Members' attention was drawn to the panel of decision makers listed on page 9 and the Governing Body was asked to approve the make-up of the panel.</p> <p>DF advised Members that the panel had been reviewed in the Executive Team meeting and it was suggested that there should be a nurse on the panel to support the community nursing element. MM or a nurse representative to be co-opted along with a representative from Healthwatch, in an advisory role.</p> <p>Members suggested that lessons learned from the 100-Day Challenge should also be integrated into this commissioning process.</p> <p><b>The Governing Body agreed the decision makers and advisory roles, with the inclusion of the nurse representative and Healthwatch.</b></p>	<p><b>TW</b></p>
<p><b>GOV/15/01/16</b></p>	<p><b>Integrated Performance Management Report</b></p> <ul style="list-style-type: none"> <li>• <b>Update on Operational Resilience and Capacity</b></li> </ul> <p>DJN introduced the report for January 2015 assessing the performance of the CCG in the areas of quality, finance and patient access and programme management, and beginning with the Executive Summary.</p> <p><b>Quality</b> – Sue Jeffries, a nurse assessor from Continuing Healthcare (CHC), told the patient story about her experience of assessing a patient who had initially been found ineligible for CHC and then returning to that patient when their condition had deteriorated.</p> <p>DMcA continued with the Quality section highlighting the key messages.</p> <p>Members raised concerns about the progress being made on the mental health agenda and were informed that the CCG was working closely with AWP on the rectification plan, following the findings from the CQC. A report on mental health commissioning to be brought to the next Governing Body meeting in March.</p> <p>STr was concerned that recruitment was a theme running through the quality section and that this was the biggest risk in terms of delivery. It was important to have a local workforce strategy within provider organisations as there was no national solution.</p> <p>The Members discussed their concerns with the handover ambulance delays at GWH which did not seem to be improving. TW stated that there was a meeting next week with GWH at which this situation would be raised, and also through the contractual process.</p> <p><b>Finance and Access</b> – STr introduced this section stating that the CCG financial position continued to fluctuate as funding and expenditure assumptions crystallised. The £2m overspend at month 8 reported to NHS England instigated the need to establish a financial recovery plan,</p>	<p><b>JC-C</b></p>

	<p>submitted on 6 January. At month 9, the CCG's financial position had gone back to a position of £5.1m which equated to a £200k shortfall on the £5.3m control total: however, there was still a residual risk of £1.44m to be managed by year end.</p> <p>STr advised Members that, because Wiltshire had been underfunded by 3.1% distance from target, the share of the £2bn pot from the NHS England allocation had been £13.5m, which had greatly benefited the CCG.</p> <p><b>Programme Management</b> – DJN introduced this section stating that good progress had been made with the refinement of emergent plans for next year, with a clear focus on driving forwards with delivery of our strategy.</p> <p>Members raised concerns about the Optimising Community Teams (OCT) current provider failing to provide the 20 additional posts by January 2015. TW explained that out of the 20 full-time equivalent posts, only 12.9 had been filled and that GWH would be providing an update at the end of this week and that they were hopeful that all would be in place by February. TW continued by saying that the CCG was working closely with community directors on the recruitment of the additional 20 posts and that robust milestones in locality plans would be implemented.</p> <p><b>Operational Resilience and Capacity</b> – JCu presented the slides, attached with these minutes, on the whole system activity from 1 December 2014 – 9 January 2015.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• How did providers manage the front-door access as the conversion rate was high?</li> <li>• How did providers respond during the 4-day period 26 – 29 December when there were fewer ward rounds?</li> <li>• It would be helpful to have a slide showing the number of GP consultations during this period</li> </ul> <p><b>The Governing Body received and discussed the report.</b></p>	<p>JCu</p>
<p>GOV/15/01/17</p>	<p><b>Board Assurance Framework and Risk Register</b></p> <p>DJN introduced the report asking the Governing Body Members to agree the 'Top Ten' risks on the register.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• There was concern expressed about the lack of movement re the AWP risk</li> <li>• The Communications Team risk had gone down from 20 to 12 which was a more stable position</li> <li>• The workforce risk should be captured on the risk register</li> </ul> <p>Congratulations were given to DJN for his management of the risk register.</p> <p><b>The Governing Body received and discussed the report.</b></p>	<p>DJN</p>

<b>GOV/15/01/18</b>	<b>Any Other Business</b>  There was no other business discussed and the meeting closed at 12:40hrs.	
<b>Date of next Governing Body Meeting in Public: Tuesday, 24 March 2015 at The Civic Centre, Trowbridge</b>		

DRAFT