

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 24 MARCH 2015 AT 10:00 AT THE CIVIC CENTRE,
TROWBRIDGE**

Present:

Dr Steve Rowlands	SR	General Practitioner (GP) Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Mary Monnington	MM	Registered Nurse Member
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
Mark Harris	MH	Group Director, Sarum
Chris Graves	CG	Chair, Healthwatch
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Dr Peter Jenkins	PJ	GP Medical Advisor
Diana Hargreaves	DJH	Board Administrator
Lynne Beta	LB	Administrator

Non Voting Members who always attend:

Sarah MacLennan	SM	Interim Head of Communications and Engagement
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO

Press:

Tony Millett	TM	Press
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Guests:

Kristin Dominy (<i>for item 9</i>)	KD	Director of Operations, Avon and Wiltshire Partnership Trust (AWP)
Toby Sutcliffe (<i>for item 9</i>)	TS	Clinical Director for Wiltshire, AWP
David Bowater (<i>for item 13</i>)	DB	Corporate Support Manager, Wiltshire Council

Apologies:

Dina McAlpine	DMcA	Interim Director, Quality and Patient Safety
James Roach	JRo	Director of Transformation, WCCG and Wiltshire Council
Maggie Rae	MR	Corporate Director, Wiltshire Council

GOV/15/03/01	Welcome and apologies for absence	ACTION
	SR welcomed everyone to the meeting noting the apologies as recorded above, particularly welcoming the guests also recorded above.	

GOV/15/03/02	<p>Questions/Comments from the public</p> <p>No questions were received ahead of the meeting.</p>	
GOV/15/03/03	<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>	
GOV/15/03/04	<p>Previous minutes of CCG Governing Body in Public held on 27 January 2015</p> <p>P2 – TCOP – not hitting our non-elective activity targets. P6 – STr apologised for not reviewing the finance section within the minutes before they were circulated, as there was not a £2m overspend at month 8.</p> <p>The minutes were agreed as an accurate record with the above amendments.</p>	DJH
GOV/15/03/05	<p>Matters Arising</p> <p>In response to a query from PL about the outcomes from the 100-Day Challenge, DF explained that the findings had been used to dictate our planning for next year and the 2015/16 Delivery Plan had been influenced by the recommendations from the 100-Day Challenge.</p>	
GOV/15/03/06	<p>Action Tracker</p> <p>GOV/15/01/16 COMPLETE.</p>	
GOV/15/03/07	<p>Chair's Report</p> <p>SR reported on:</p> <ul style="list-style-type: none"> • The end of the financial year in a week's time marked the end of the CCG's second year since authorisation • The second year of the CCG Delivery Plan, which had been accepted locally and nationally, had thrown up a bigger challenge, but things were settling down and the plans were beginning to gain traction • The CCG was the lowest commissioner in the SW against our predicted activity, within the SWAST contract • Integrated teams were beginning to function effectively • The CCG Executive had organised an Away Day for the clinicians, which had been very successful and further developed good relationships and team goodwill • SR attended a Health and Wellbeing Board Academy meeting which had been a positive experience and it had been good to meet other Council colleagues and learn how different authorities worked • DF and SR had met with Wiltshire MPs who were pleased with the 	

	<p>CCG's progress</p> <ul style="list-style-type: none"> SR announced that he would be retiring from his position as Chair of the CCG at the end of June this year. Peter Jenkins would be taking over from him from 1 July, as the successful candidate in a recent ballot of Wiltshire GPs 	
GOV/15/03/08	<p>Register of Sealings</p> <p>None.</p>	
GOV/15/03/09	<p>Mental Health Update</p> <p>JCu introduced the paper saying that Mental Health was a national priority and the CCG commissioned £47m of services to meet the needs of people with mental health problems, dementia and learning disabilities.</p> <p>Members were updated on:</p> <ul style="list-style-type: none"> Achievements in 2014/15 Current service issues within the AWP contract Commissioning intentions for 2015/16 for Adult Mental Health, Dementia and Learning Disabilities CQUINS for AWP and other providers 2015/16 Priorities for investment in 2015/16 from the ring fenced allocation for 2015/16 (£1.63m) Joint commissioning arrangements <p>KD and TS from AWP had attended to answer Members' questions. TS began by saying that he was the new Clinical Director and had been in post for only two weeks. Recruitment was a significant challenge for AWP and there were two members of staff on a recruitment drive around the country. AWP had an ageing workforce and so retirement would become an issue in the next few years, compounding the recruitment problem. The re-organisation at AWP had realigned teams with the CCG clusters, with separate teams for each cluster.</p> <p>KD, AWP's Director of Operations, was introduced as the expert on the Care Quality Commission (CQC) assessment and action plans. AWP were inspected in June 2014 resulting in 4 warning notices and 36 compliance actions. At the re-inspection in December 2014, the warning notices were all lifted and AWP were in discussions with the CQC as to the process for re-inspection of the compliance actions. KD explained that each locality had specific action plans and there was also a Trust-wide action plan, to be achieved across the Trust by the end of June 2015. The CQC would be re-inspecting AWP towards the end of the calendar year, probably in the Autumn. Cognisant of the pressures across the acute care pathway, AWP had commissioned a process to see how this could be managed and the acute care pathway diagnostic programme would commence this month.</p> <p>Members commented and AWP responded (<i>in italics</i>):</p> <ul style="list-style-type: none"> The management and timely reporting of Serious Incidents Requiring Investigation (SIRIs) was an area of concern for the CQC and had been raised at a Quality and Clinical Governance 	

	<p>Committee meeting. <i>The newly appointed Director of Nursing was responsible for this area of work and the timing and closure of the investigations had been resolved and the position was actively improving</i></p> <ul style="list-style-type: none"> • AWP had been grouping SIRIs (falls) together in blocks of 5, making them appear as only one incident. <i>AWP accepted that each fall should be treated as an incident in its own right</i> • What does the term ‘embeddedness’ mean? <i>It related to the assurance of the governance process, which should be robust enough to deliver what needed to be delivered</i> • The definition of an ‘out of area placement’ was out of the AWP area. CR asked how many out of area placements were out of Wiltshire specifically. JCu would come back to CR on this • When did AWP plan to re-open the beds that are currently closed? <i>The plan was to recruit into the unit and then open the beds as soon as possible</i> • STr stated that from a financial perspective it was important to understand the trajectory, and required assurance as to when those beds were going to be open. <i>AWP were unable to give the CCG a date for the re-opening of the beds at this point in time</i> • <i>In response to a question about AWP’s recruitment plan, TS said that it was particularly difficult in Wiltshire. KD added that AWP were forming relationships with universities in Northern Ireland and Scotland to establish themselves as a training arm for the nursing undergraduates</i> • There had been no mention of the dual diagnoses of drug and alcohol services. FC stated that both issues were covered in the MH strategy. With the transfer of responsibilities of drug and alcohol services, the commissioning arrangements needed to be more specific <p>DF suggested that it would not be possible to agree all the recommendations from the paper now and that a further paper would be brought back to the May Governing Body to update Members on the risks associated with the out of area placements and the associated financial implications.</p> <p>DF thanked both AWP colleagues for coming to the public meeting and for their openness and transparency.</p> <p>The Governing Body received the paper and was unable to approve at the current time.</p>	<p>JCu</p> <p>JCu</p>
<p>GOV/15/03/10</p>	<p>Wiltshire CCG Draft Budget 2015/16</p> <p>STr introduced the paper stating that 2014/15 had been a difficult year financially, with unprecedented demand, only partial delivery of QIPP and demand from prescribing, Continuing Healthcare (CHC) and Funded Nursing Care (FNC). STr continued saying that the 4th quarter was looking promising and current activity trends were moving in the right direction.</p> <p>The 15/16 budget had therefore been set within the context of minimising new investment, establishing greater return on existing investment and transforming current services. 2015/16 would not be about large amounts</p>	

	<p>of new investment but was about delivering QIPP and putting the CCG back on a strong financial footing.</p> <p>Further points made by STR:</p> <ul style="list-style-type: none"> • The budget process had not been helped by the uncertainty with the Monitor tariff consultation for 15/16 and the budget had been based on providers agreeing to the enhanced tariff option (ETO). The impact of the ETO had increased costs by c £2m • Within the budget, the assumptions were that the 1% surplus would be recreated, 1% of headroom would be identified and only used non-recurrently and ½% contingency • To deliver the plan, the CCG would need to deliver £9.5m of QIPP, equating to 1.7% • For non-elective activity – 1500 admissions avoided equating to 1 avoided admission per practice per fortnight <p>PL congratulated STR on the good delivery of the surplus and asked whether it was in the gift of the CCG to set the contingency. STR explained the requirements of the NHS business rules, adding that there would be a greater level of scrutiny from the newly configured Area Team.</p> <p>The three key messages for DF were:</p> <ol style="list-style-type: none"> 1. Delivery of QIPP 2. Management of contract performance and 3. Transformational change <p>Members commented:</p> <ul style="list-style-type: none"> • Transformational change was happening but it would take time • What was NHSE doing about creating the workforce? • The headline ‘To prevent one admission per practice per fortnight’ was very useful and achievable • Learning from the 100-Day Challenge must be shared with the front line clinicians • It was important to re-visit different models of care support in the community – it was not just about nurses • The length of stay on adult care wards was too long and an adequate care package model was needed <p>DF said that the CCG was out to competitive dialogue with 4 potential providers, to come up with innovative ways to address these issues.</p> <p><i>(PJ joined the meeting at 11:25hrs)</i></p> <p>The Governing Body received the paper and agreed to adopt the 2015/16 budget.</p>	
<p>GOV/15/03/11</p>	<p>Wiltshire CCG Delivery Plan 2015/16</p> <p>DJN introduced the paper setting out the key elements of work, activity and performance that the CCG intended to achieve during the financial year 2015/16 and taking Members through a slide presentation.</p>	

	<p>Members commented:</p> <ul style="list-style-type: none"> • Some of the projects needed more clinical leadership included in the accountable leads • Biologics would be rolled out across the patch: the project was to be piloted at Salisbury Hospital since the CCG had had more advanced discussions with the Trust than in other areas • CG reported that mental health was a key issue that frequently arose in Healthwatch's work with children and young people • There was no specific mention of public and patient involvement in the delivery plan • TW believed there was a commissioning gap around the talking therapies within the Child and Adolescent Mental Health Service and stated that tier 1 and tier 2 services should be provided <p>The Governing Body received the paper and agreed the 2015/16 Delivery Plan.</p>	
GOV/15/03/12	<p>Outcome of public consultation of dementia specialist inpatient beds</p> <p>TW introduced the report stating that the CCG had worked in partnership with Wiltshire Council, agreeing a three-month public consultation period and commissioning Healthwatch to manage the consultation and to compile an independent report on their findings.</p> <p>MM congratulated the organisations on an effective consultation noting that there were frequent comments from the respondents about distance and service and that supported changes in transport would result in buy-in from the public and carers. CG suggested that an audit was undertaken to establish exactly how real the transport problem was.</p> <p>CG continued advising Members that five key organisations had come together in a group to monitor the dementia strategy and the way in which the partners, and the pace at which partners, deliver on it. The group was there to offer constructive challenge and every four months they would report to the Health and Wellbeing Board and thus to the Governing Body.</p> <p>TW stated that there would be a communications plan to be developed in relation to the consultation report.</p> <p>Thanks were given to Healthwatch for the professional way the consultation was carried out and was an excellent example of engagement.</p> <p>The Governing Body agreed to:</p> <ul style="list-style-type: none"> • Approve Option 3, confirming that the specialist dementia hospital care in Wiltshire will be provided in Amblescroft South, Foundation Way, Salisbury • Decommission AWP from providing a specialist dementia facility at Charter House, Trowbridge, thus enabling AWP to dispose of the asset 	

	<ul style="list-style-type: none"> • Continue to ensure that the commissioning of specialist dementia hospital care includes access to beds at the Victoria Centre, Swindon and St Martin's Hospital, Bath • Ringfence the resources released from the permanent closure of Charter House (£440,000) for the improvement of specialist dementia services in the community 	
GOV/15/03/13	<p>Joint Health and Wellbeing Strategy (JHWS) refresh - approval</p> <p>DJN introduced the paper explaining that the Health and Wellbeing Board had agreed to refresh the strategy to reflect the latest Joint Strategic Assessment and other developments, since it was adopted in 2013.</p> <p>DB from Wiltshire Council continued to present, drawing the Members attention to the distillation of the strategy into a one-page diagram and adding that this was a draft for consultation so there would be scope to amend it over the next few months.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Although the role of the Lay Members was recognised within the CCGs, there were no Lay Members on the Wiltshire Health and Wellbeing Board (HWB). DB responded saying that there would be an opportunity to review the Membership in May • The Chief Officer of the CCG is not a voting Member of the HWB • There should be Lay Member representation on the Scrutiny Group <p>The Governing Body endorsed the consultation draft of the JHWS and approved a three-month consultation period.</p>	
GOV/15/03/14	<p>Integrated Performance Management Report - IPR (taken after item 10)</p> <p>DJN introduced the report which detailed a transparent and comprehensive assessment of overall CCG performance.</p> <p>Quality – SR welcomed Mr Sell, who was accompanied by his son, also his carer, and by Emily Shepherd from the Quality team. Mr Sell told the patient story about how he managed to walk after he had been told that he would never walk again, following a motorcycle accident. Mr Sell explained that it was the excellent work of his physiotherapists who encouraged him to walk again and in his own home environment, rather than in hospital. SR congratulated Mr Sell for walking into the room and for sharing his experience.</p> <p>CR asked about the current situation with the AWP SIRIs and Emily Shepherd said that the Quality team were monitoring the CQC plan with AWP at the moment and the situation was improving.</p> <p>Finance and Access – STr reported that the CCG financial position and access performance continued to be under significant pressure as at the end of February 2015. The forecast position continued to show significant pressure on non-elective activity and day cases, Continuing Healthcare, prescribing and mental health out of area placements.</p>	

	<p>Members were advised of the financial headlines:</p> <p>The CCG was:</p> <ul style="list-style-type: none"> • Forecasting to deliver a surplus of £3.1m in 2014/15 – an adverse movement of £2.2m v. plan – and would be required to restore this position so that, by the end of 2015/16, the 1% surplus requirement would be met • Achieving 98.7% compliance by number and 99.6% compliance by value, against the better payment performance criteria • Currently forecasting to utilise 99.92% of its cash resources in 2014/15 • Mitigating against expenditure pressures within programme areas through the use of contingent reserves and under-performance in some service lines and through a reduction in the planned surplus value <p>Programme Management – DJN advised Members that the Delivery Plan, as well as having been agreed by this Governing Body, would be taken to the HWB on 26 March for endorsement. The section contained a detailed commentary for each area of work.</p> <p>In response to Members' concern about the size of the IPR and the volume of information contained within it, DJN said that he was leading on a piece of work to make the report more streamlined.</p> <p><i>(TM left the meeting at 12:40hrs)</i></p> <p>The Governing Body received and discussed the report.</p>	
<p>GOV/15/03/15</p>	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN presented the BAF identifying risks to the strategic objectives of the CCG that might happen and the RR identifying the Top Ten risks to the strategic objectives of the organisation.</p> <p>It was decided to keep the workforce risks as one, rather than two separate ones.</p> <p>The Governing Body received and agreed the Top Ten risks on the RR.</p>	
<p>GOV/15/03/16</p>	<p>WWYKD Service Level Agreement (SLA) Q3 Report 2014/15</p> <p>HO presented the report on the third quarter progress against the actions set out in the 2014/15 SLA.</p> <p>PL asked whether there was any available evidence of what the Transforming Care of Older People (TCOP) schemes were delivering. HO responded saying that there had been teething problems in terms of delivery and WWYKD were in the process of overcoming them. There would be a detailed report at the TCOP meeting next week.</p> <p><i>(CG left the meeting at 12:50hrs)</i></p>	

	<p>STr commented on all three Groups' SLA reports asking for a greater definition of the essence of their SLAs; justification of the CCG's investment in the SLAs and clarity on what was tangible within the SLAs.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/03/17	<p>Sarum SLA Q3 Report 2014/15</p> <p>TD presented the report on the third quarter progress against the actions set out in the 2014/15 SLA.</p> <p>PL noted that the care homes admissions figures appeared to be going up rather than down. TD responded saying that the decrease was proving slow to take effect. CS added that, because of the lack of carers in the south of the county, Sarum had opted for a bed-based model.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/03/18	<p>NEW SLA Q3 Report 2014/15</p> <p>SB presented the report on the third quarter progress against the actions set out in the 2014/15 SLA.</p> <p>MM noted that non-elective admissions between 13/14 and 14/15 were going up. SB responded saying that they were increasing, but not as much as in neighbouring CCGs.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/03/19	<p>Workforce Report Q3</p> <p>DJN presented the report designed to update Members on workforce activities up to the end of quarter 3, adding that the data was a snapshot at the end of December, therefore these figures would have moved on.</p> <p>PL remarked that the report did not compare Wiltshire CCG's performance with that of other CCGs.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/03/20	<p>Update on Primary Care Co-commissioning</p> <p>JCu tabled a Terms Of Reference document for the Joint Commissioning Committee which had been slightly amended from the one that had been circulated with the papers.</p> <p>JCu advised Members that the CCG had agreed to submit an expression of interest to pursue a Joint Commissioning arrangement for Primary Care with NHSE. Following a series of membership engagement events, jointly with the LMC, there had been a formal ballot of member practices, the outcome of which was that the CCG was given a clear mandate to jointly commission Primary Care with NHSE: the first Joint Commissioning Committee would be meeting in June.</p> <p>CR questioned whether the quoracy would be sufficient: JCu stated that this was related to the work programmes and the quorum would be re-</p>	

	<p>visited once the programmes were known. It was agreed to take out the names of the Committee Members and keep the role descriptions.</p> <p>The Governing Body received and discussed the report.</p>	JCu
GOV/15/03/21	<p>Review of Register of Interests (RoI)</p> <p>DJN explained to Members that the RoI would be regularly reviewed by the Governing Body and updated when a new Member's interest was declared.</p> <p>DJH to work with RH to ensure that the interests declared in the register produced for the Adult Community Services procurement were incorporated into this RoI.</p> <p>The Governing Body received and noted the report.</p>	DJH
GOV/15/03/22	<p>Any Other Business</p> <p>SR thanked HO, who was standing down as Chair of WWKYD, for her intense and hard work in gaining the engagement of GPs with the CCG over the past two years.</p> <p>There was no other business discussed and the meeting closed at 13:23hrs.</p>	