

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 21 JULY 2015 AT 10:00 IN THE TOWN HALL, MARLBOROUGH**

Present:

Deborah Fielding	DF	Chief Officer
Steve Perkins	SP	Deputy Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair (Chair for this meeting)
Christine Reid	CR	Lay Member
Mary Monnington	MM	Registered Nurse Member
Dr Toby Davies	TD	GP Chair, Sarum
Dr Chet Sheth	CS	GP Vice Chair, Sarum
Dr Richard Sandford-Hill	RS-H	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Anna Collings	AC	GP, Vice Chair, North and East Wiltshire (NEW)
Dr Simon Burrell	SB	GP 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
James Roach	JRo	Director of Transformation, WCCG and Wiltshire Council
Diana Hargreaves	DJH	Board Administrator, Wilts CCG
Debbie Haynes	DH	Public Health Consultant, Wiltshire Council
Lynne Beta	LB	Administration Assistant, Wilts CCG
Barbara Smith (<i>for items 09a and 09b</i>)	BS	Interim Associate Director of Commissioning (Mental Health, Dementia and Learning Disabilities), Wilts CCG
Louise French	LF	Patient Safety Quality Lead
Emily Shepherd	ES	Patient Experience Quality Lead
Susan Tanner (<i>for item 20</i>)	ST	Head of Commissioning and Joint Planning, Children's Services, Wiltshire Council
Dr Jonathan Rayner (<i>for item 11</i>)	JRa	Wiltshire GP

Non Voting Members who always attend:

Sarah MacLennan	SM	Associate Director of Communications and Engagement, Wilts CCG
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Press:

Tony Millett	TM	Press
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Apologies:

Simon Truelove	STr	Chief Financial Officer
Dr Peter Jenkins	PJ	Chair
Frances Chinemana	FC	Public Health Consultant, Wiltshire Council
Maggie Rae	MR	Corporate Director, Wiltshire Council
Dr Helen Osborn	HO	GP Medical Advisor
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Dina McAlpine	DMcA	Director of Quality
Dr Mark Smithies	MS	Secondary Care Doctor

GOV/15/07/01	<p>Welcome and apologies for absence</p> <p>PL welcomed everyone to the meeting noting the apologies as recorded above.</p>	ACTION
GOV/15/07/02a	<p>Questions/Comments from the public</p> <p>There were no questions from the public.</p>	
GOV/15/07/02b	<p>Petition from Devizes Constituency Labour Party re Devizes Treatment Centre <i>(Item 19 was taken here)</i></p> <p>RS-H introduced the paper detailing the Devizes Healthcare plans and explaining that the challenge was to release sufficient capacity to provide continuity of care and proactively manage the more complex patients, whilst still offering a responsive service to meet the more acute needs of patients requiring same-day appointments.</p> <p>DF thanked RS-H for his work on this. SP said that a paper had gone to the Property Services Board to seek to secure the funding for the proposed Urgent Care Centre and we were awaiting the outcome. It was agreed that, as Devizes Hospital was only 40% used, it would not be sensible to spend more money on a site that was not fit for purpose.</p> <p>PL suggested that the petition had been organised as Devizes residents were concerned about future plans. It was therefore important to ensure the communication on this issue was both thorough and timely. SM confirmed that the Communications Team were keeping everybody in the loop and making great efforts to speak to the relevant individuals.</p> <p>The Governing Body received and discussed the paper.</p>	
GOV/15/07/03	<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/15/07/04	<p>Previous minutes of CCG Governing Body in Public held on 19 May 2015.</p> <p>The minutes were agreed as an accurate record.</p>	
GOV/15/07/05	<p>Matters Arising</p> <p>GOV/15/05/15 The experience described by Ruth Hopkinson would be shared with the provider at the next CQRM.</p> <p><i>(Post-meeting note: This has been done.)</i></p>	

	<p>GOV/15/05/17 Under C-14/038 of the Risk Register, JR said there was a clear commitment across the system to develop a workforce strategy group. The first meeting will be in September and JR would feedback at the September Governing Body meeting.</p> <p>JCu said that the minutes from the June Primary Care Joint Commissioning Committee would be ratified at the next meeting in September, and then uploaded to the website.</p> <p><i>(CS joined the meeting at 10:20hrs).</i></p>	<p>JR</p>
<p>GOV/15/07/06</p>	<p>Action Tracker</p> <p>GOV/14/11/18 HO has been in discussion with John Goodall about how this is taken forward. The Public Health Annual Report 2013/14 should be ready for the November meeting. ONGOING.</p> <p>GOV/15/05/15 MH said that there had been 15 breaches in May against the cancer wait target: specific action plans had been requested and there would be an event organised in August to see how this issue could be addressed going forward. An action plan for each individual patient had been requested from the providers. MH added that there had been no guidance on diagnostic rates so far from NHSE, although there probably would be in the future. MH would further update at the September meeting.</p> <p>GOV/15/05/17 There would be a clinical agenda item at each Governing Body meeting and Dr Jonathan Rayner would be delivering the first one today. COMPLETE.</p>	<p>MH</p>
<p>GOV/15/07/07</p>	<p>Chair's Report</p> <p>On 1 July, the CCG had the Q4 assurance meeting with NHSE, which was followed up by a formal letter summarising the discussion. The outcome was 'Assured with support' and the 'support' referred to the two targets on Accident & Emergency (A&E) and Referral To Treatment (RTT) in two of our three acute hospitals (GWH and RUH). NHSE were pleased with progress against the targets but wanted to be assured that the patients were getting the best possible care. MH was working hard with those providers to ensure that this happened. There had been significant improvements at RUH and GWH was struggling with vast A&E attendances. NHSE had congratulated the CCG on a good performance overall during the past year.</p>	
<p>GOV/15/07/08</p>	<p>Register of Sealings</p> <p>None.</p>	
<p>GOV/15/07/09a</p>	<p>Mental Health Update</p> <p>JCu presented the paper updating Members on the Delayed Transfers of Care (DToC) and out of area (OOA) placements in 2014/15, the action taken and the position in the first three months of 2015/16; and the priorities for investment in 2015/16 from the ring-fenced allocation for 2015/16 of £1.63m.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • CR was encouraged by the paper stating that Mental Health 	

	<p>(MH) DToCs had been problematic for years: this was a solution out of an acute hospital and into the community and everyone involved should be congratulated</p> <ul style="list-style-type: none"> • CR was also pleased to see the level of detail in Annex 1 and that the number of OOA placements had decreased • TW informed Members that the Healthwatch consultation had strongly endorsed the need for specialist dementia beds: including beds in Swindon and Bath, as part of the area. For clarification, OOA would mean out of the AWP area. AWP understood that supporting patients in homes in the community was about supporting families • MM questioned whether female Psychiatric Intensive Care Unit (PICU) beds was an ongoing issue. TW replied saying that the CCG was working closely with AWP on this and that it was an issue nationally • CS asked how AWP was developing the integrated teams with General Practice. BS said that AWP wanted to get involved in the integrated teams: however, this was again down to workforce issues. BS had recently had requests from the community services asking how to get involved and make the appropriate links. TW wanted to hear back from GPs if they felt they were not being supported. TW would work with BS and AWP to further develop the integration • Responding to CR's question about the status of the investment proposals with CAMHS, JCu said that business cases had been submitted. The ring-fenced money was not age-specific and covered all the initiatives on CAHMS <p>PL thanked everybody involved in this. JCu drew Members' attention to the Next Steps section on page 14 and would bring an update paper to the September meeting. Particular thanks were given to BS for her work on this.</p> <p>The Governing Body received the paper and agreed the recommendations.</p>	<p style="text-align: center;">TW</p> <p style="text-align: center;">JCu</p>
<p>GOV/15/07/09b</p>	<p>Mental Health (MH) and Wellbeing Strategy – Implementation Plan</p> <p>JCu introduced the paper updating the Governing Body on the results of the consultation process and to present the final strategy for adoption.</p> <p>AC stated that dual diagnosis should be included in the MH strategy as this was an area of the population that was under-served. Specifically, the link into drug and alcohol services should be mentioned in the strategy. JCu and DH to pick up as an action.</p> <p>The Governing Body received the paper and agreed the recommendations, with the proviso of including information on dual diagnosis.</p> <p><i>(BS left the meeting at 11:27hrs)</i></p>	<p style="text-align: center;">JCu/DH</p>
<p>GOV/15/07/10</p>	<p>Financial Year 2016/17 Internal Planning Arrangements</p> <p>DJN presented the report updating the Governing Body on progress with</p>	

	<p>developing the CCG Annual Plan, the Commissioning Intentions and QIPP.</p> <p>SP said that the CCG would be refreshing the medium-term financial plan over the next few weeks and reducing non-elective activity to the level of 13/14. The Commissioning Intentions cycle would be brought forward, as the CCG was required to have a worked-up delivery plan, with intentions, prior to the start of the financial year.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Return on investment was very important • The Government was demanding more for less: however, our CCG would not take on initiatives without first seeing how they fitted with our strategy, what was affordable and what made sense • The public would be engaged in the debate about 7-day working • 7-day working would result in clinicians being spread more thinly than ever before <p>The Governing Body received the paper and agreed the recommendations.</p>	
<p>GOV/15/07/11</p>	<p>Clinical Presentation – SHARP scheme (for noting) <i>(Item taken after 09b)</i></p> <p>JRa gave the clinical presentation on the SHARP (Social Care Help and Rehabilitation Programme) scheme, giving rapid support to elderly, acutely unwell patients who did not need hospital admission but may end up in hospital for lack of other support.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • Fairly low numbers going through the scheme: only 4 people over the last few months and all within the 2-week maximum stay • This was an opportunity to link with GWH in terms of admittance. JRa is happy to discuss and GWH would need a clear plan • How easy was it to sort out within 2 weeks a patient who required social care input? JRa said that the scheme was led by the community nursing team, involving social workers and care coordinators and concentrated on people who were medically unwell, rather than those with social issues • The scheme was funded through the Better Care Plan <p>PL thanked JRa and Sarah Simpkins for the interesting presentation.</p>	
<p>GOV/15/07/12</p>	<p>Integrated Performance Management Report (IPR)</p> <p>DJN introduced the report, assessing the performance of the CCG for quality, finance and access and programme management.</p> <p>Quality – ES/LF highlighted the key points from the Quality section, which included data on the mixed sex accommodation breaches. The CCG had visited Salisbury Foundation Trust (SFT) to see how the CCG were able to support, in order to reduce the number of breaches. There would be a business case from SFT to address this. The Clostridium Difficile Infection (CDI) across Wiltshire was 26 against a year-end</p>	

	<p>target of 103, which was higher than desired: Infection Prevention and Control colleagues would be establishing a task and finish group to review the strategy and draw up an action plan.</p> <p>Whilst CR welcomed the newly designed IPR, Members' attention was drawn to P10 and the 'global trigger tool national target': further explanation was needed on this and other descriptors contained within the report that may not be familiar to the reader.</p> <p>Finance – SP informed Members that the CCG had planned to deliver a surplus position of £5.5m for 2015/16. At month 3, the CCG had two months' activity data which required further validation. The CCG was forecasting delivery of the planned surplus position but would undertake further work to validate this position.</p> <p>Project – DJN advised the Governing Body that the latest data showed a more encouraging picture in terms of delivery, although there were still areas yet to show evidence of delivery. There was a slight discrepancy between the known activity in the Better Care Fund and what the data was showing, resulting in the CCG undertaking an in-depth analysis to provide assurance.</p> <p>The Governing Body received and discussed the paper.</p>	
GOV/15/07/13	<p>360° Stakeholder Report</p> <p>CR presented the paper with the key findings from the 2015 survey, including areas of good performance and those needing improvement, to be addressed in ongoing organisational development work.</p> <p>SM expressed her concern over engagement with the GP membership, stating that this needed further development and much work to be done. Although the CCG had a newly designed intranet in place, this did not allow the opportunity for two-way communication. SM proposed personal face to face engagement with practices through GP forums and an e-newsletter as two actions to assist with GP engagement.</p> <p>As for public engagement, SM advised Members that:</p> <ul style="list-style-type: none"> • GP colleagues were attending the Area Board meetings • The CCG was working with Healthwatch to establish our own platforms for engagement • Two stakeholder events would be organised throughout the year • The CCG would look at re-forming relationships with groups and organisations who wanted to engage with the CCG • An update on the Annual Communication Plan would be brought to the September meeting <p><i>(TM left the meeting at 12:05hrs)</i></p> <p>The Governing Body received and discussed the paper.</p>	SM
GOV/15/07/14	<p>Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN presented the paper with the BAF, identifying potential risks to the organisation's agreed 2015/16 strategic objectives and the RR,</p>	

	<p>identifying the CCG's Top 10 risks.</p> <p>The Governing Body received the paper and agreed the Top 10 risks.</p>	
GOV/15/07/15	<p>Quality Accounts</p> <p>LF introduced the paper, briefing the Governing Body on the Quality Accounts and the processes that the lead providers had put in place to assure patients, the public and commissioners that Trust Boards were regularly scrutinising the quality of their services.</p> <p>DF was reassured by the similarity between what the Trusts were saying about themselves and the CCG's opinion of them.</p> <p>The Governing Body received the report.</p>	
GOV/15/07/16	<p>North and East Wiltshire – Q4 SLA Report</p> <p>SB presented the NEW report.</p>	
GOV/15/07/17	<p>Sarum – Q4 SLA Report</p> <p>TD presented the Sarum report.</p>	
GOV/15/07/18	<p>West Wiltshire, Yatton Keynell and Devizes – Q4 SLA Report</p> <p>RS-H presented the WWYKD report.</p> <p>DF said that the three reports gave an indication of how much work and how rich the work was that was being done: the lists of actions were a reminder that the CCG was a clinically-led organisation.</p> <p>JRo asked whether WWYKD and Sarum were receiving information from the Ambulance Trust re transportation from care homes to the acutes, adding that there was more that we could do with targeting the high-performing care homes, using this information, in order to prevent unnecessary admissions. Implementation of the Treatment Escalation Plan (TEP) form would be helpful in this case.</p> <p>The Governing Body received and discussed the three SLA reports.</p>	
GOV/15/07/19	<p>Primary and Urgent Care Services in Devizes</p> <p><i>(This item was taken at GOV/15/07/02b)</i></p>	
GOV/15/07/20	<p>Update on Development of Overnight Short Breaks for Disabled Children</p> <p>ST introduced the paper on behalf of Julia Cramp, providing Members with an update following the Governing Body's decision in January 2015 to re-design overnight short breaks services for disabled children and young people, which would include the closure of Hillcote.</p> <p>MM thanked ST and colleagues for their work on the successful closure</p>	

	<p>of Hillcote and which had resulted in no unmet need in any locality. It was also encouraging to note that recruitment had been completed for the Children's Learning Disability Nursing Service, which was a positive outcome in this difficult recruitment climate.</p> <p>RS-H said that it had been important to ensure that there was an alternative when provision was closed elsewhere. The five families had been consulted and were happy with the outcome: the decision had been driven by the wishes of parents and carers.</p> <p>The Governing Body received and noted the paper.</p>	
GOV/15/07/21	<p>Review of Register of Interests</p> <p>DJN introduced the register and reminded Members to ensure that entries were accurate and up to date.</p> <p>The Governing Body received and noted the paper.</p>	
GOV/15/07/22	<p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 12:42hrs.</p>	

ITEMS FOR INFORMATION - The following papers are for information only and will not be discussed at the meeting. Printed copies can be made available to members. Should you have any questions regarding any of the papers, please contact the author.

Audit and Assurance Committee meeting minutes – May 2015

Finance Committee meeting minutes – May 2015

Finance and Performance Committee meeting minutes – June 2015

Quality and Clinical Governance Committee meeting minutes – March 2015

Health and Wellbeing Board meeting minutes – May 2015

Date of next Governing Body Meeting in Public: Tuesday, 22 September 2015 from 10:00 – 12:30hrs in Southgate House, Devizes