

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY, 20 OCTOBER 2015 AT 10:00 IN SOUTHGATE HOUSE, DEVIZES**

Present:

Dr Peter Jenkins	PJ	Chair
Deborah Fielding	DF	Accountable Officer
Simon Truelove	STr	Chief Financial Officer
Peter Lucas	PL	Lay Member and Vice Chair
Christine Reid	CR	Lay Member
Dr Richard Sandford-Hill	RS-H	GP Chair, West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair, WWYKD
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 Chet Sheth	CS	GP Vice Chair, Sarum

In Attendance:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director, WWYKD
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director, NEW
Mark Harris	MH	Director of Acute Commissioning/Group Director, Sarum
Chris Graves	CG	Chair, Healthwatch Wiltshire
Dina McAlpine	DMcA	Director of Quality
Debbie Haynes	DH	Public Health Consultant, Wiltshire Council
Dr Helen Osborn	HO	GP Medical Advisor
James Roach	JRo	Director of Transformation, WCCG and Wiltshire Council
Dr Tim King (<i>for item 09</i>)	TK	GP
Sharon Bensi (<i>for item 11</i>)	SBe	Better Care Plan, Business Manager
Barbara Smith	BS	Interim Associate Director of Commissioning (MH, Dementia and Learning Disabilities)
Diana Hargreaves	DJH	Board Administrator

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:

Maggie Rae	MR	Corporate Director, Wiltshire Council
Dr Mark Smithies	MS	Secondary Care Doctor
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO

ITEM NUMBER		ACTION
GOV/15/10/01	<p>Welcome and apologies for absence</p> <p>PJ welcomed everybody to the meeting, noting the apologies above.</p>	
GOV/15/10/02	<p>Questions/Comments from the public</p> <p>There were no questions from the public.</p>	
GOV/15/10/03	<p>Declarations of Interests</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/15/09/04	<p>Previous Minutes of the meeting held on 22 September</p> <p>The minutes of the meeting were approved as an accurate record.</p>	
GOV/15/10/05	<p>Matters Arising</p> <p>There were no matters arising.</p>	
GOV/15/10/06	<p>Action Tracker</p> <p>GOV/15/09/09a TW gave a brief update saying that Andrew Girdher had been in early discussions with Mark Atkins at RUH: the outcome was positive as the latter had agreed to visit a few practices at no additional cost. TW would update Members at the November Governing Body meeting.</p>	TW
GOV/15/10/07	<p>Chair's Report</p> <p>PJ reiterated the dire financial situation faced by Wiltshire CCG and explained the reasons for the pressures. Chief Executive of NHS England (NHSE), Simon Stevens, had said that our plans for Wiltshire were transformational, innovative and precisely what was required to keep and sustain a national health service. In spite of this endorsement by Simon Stevens, the local financial pressures had impacted on the CCG and Wiltshire Council.</p> <p>PJ further explained that we had notified NHSE that we would miss our financial target by £4.8m in 2015/16, with an expected funding gap of approximately £15m in 2016/17. As a result of this, NHSE had requested a financial recovery plan to be produced focusing on two areas:</p> <ul style="list-style-type: none"> • Improvement of this year's financial position • Recovery actions to ensure financial sustainability in 2016/17 and 2017/18 <p>Following submission of the plan on 23 October, there would be two months in which to provide evidence of financial benefit. Failure to achieve the financial recovery would result in external intervention to the CCG.</p>	

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	<p>It was important that the public understood the situation which would have a significant impact on contracting with our providers and GP colleagues: so during today's meeting, Members would discuss the plans in greater detail. PJ finished by saying that the CCG would do everything possible to resolve the financial challenges and deliver a strong, transformational out-of-hospital strategy.</p> <p>CR agreed that the public needed to understand the situation and congratulated PJ on making such an open and honest statement at the start of the meeting.</p>	
GOV/15/10/08	<p>Register of Sealings</p> <p>None.</p>	
GOV/15/10/09	<p>Musculoskeletal (MSK) Pathway – Clinical Presentation</p> <p>Dr Tim King gave the presentation on the story of the MSK pathway so far, which was designed to:</p> <ul style="list-style-type: none"> • Encourage self-responsibility • Prevent unnecessary referrals to Trauma and Orthopaedics (T&O) <p>Dr King described the MSK programme as a filter in the community and an interface service to reduce costs and prevent unnecessary procedures taking place: this earlier intervention would prevent chronicity.</p> <p>Members commented:</p> <ul style="list-style-type: none"> • This was a really good example of the three groups coming together and working across the pathway to improve the care of patients • DH asked TK whether the project was getting direct Public Health support and TK confirmed that he would be meeting with WC on this next week • Of the three pilot sites, the south and west were developing: however, there were no Extended Skills Practitioners (ESP) in the north and ESP were key to the service • GPs were using the Oxford scoring system for MSK referrals <p>PJ thanked TK for the interesting and comprehensive presentation.</p> <p>The Governing Body noted the presentation.</p> <p><i>(TK left the meeting at 10:40hrs)</i></p>	
GOV/15/10/10	<p>CCG Constitution</p> <p>DJN introduced the paper stating that, following approval at the January 2015 Governing Body, the CCG Constitution had again been reviewed to make changes to reflect Primary Care Co-commissioning and to accommodate the potential move to full delegation for Primary Care: the changes had been highlighted in purple text throughout the document.</p> <p>DJN confirmed to CR that individuals' names were in the foreword and names of the roles in the body of the document.</p>	

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	<p>The Governing Body received the paper and approved the updated Constitution.</p>	
<p>GOV/15/10/11</p>	<p>Developing a Wiltshire-wide Approach to Managing Choice <i>(SBe joined the meeting at 10:45hrs)</i></p> <p>JRo presented the report detailing the proposed patient choice policy, which was a new approach to managing choice in Wiltshire. The overarching aim of the Wiltshire Choice Policy was to enable choice in the context of reducing delays in the appropriate transfer of care or discharge of patients, through early engagement and support, and the implementation of a fair and transparent escalation process which all parties understood.</p> <p>SBe explained that the Wiltshire Choice Policy Process comprised of six stages, which she outlined to Members.</p> <p><i>(SBe left the meeting at 10:58hrs)</i></p> <p>JRo said that the risks of not proceeding with the policy would have a detrimental impact on patients and requested that the Governing Body approve the policy for implementation across Wiltshire from 1 November 2015.</p> <p>PL congratulated JRo and SBe for this piece of work and JRo agreed that the acutes' logos would be added to the document. CG emphasised the importance of recognising that there had been no change in the law or regulations and that this was not a new policy. The consultation undertaken with the focus group recognised that the policy would allow for an understanding of patients' rights and responsibilities at a very early stage, and the support they would be given.</p> <p><i>(BS joined the meeting at 11:00hrs)</i></p> <p>The Governing Body received and approved the paper.</p>	<p>JRo</p>
<p>GOV/15/10/12</p>	<p>Risk Management Strategy</p> <p>DJN introduced the report with the Risk Management Strategy: a comprehensive document defining the risk management ethos and arrangements within the CCG.</p> <p>The Governing Body received and approved the Risk Management Strategy.</p>	
<p>GOV/15/10/13</p>	<p>Mental Health Update</p> <p>TW presented the report updating Members on:</p> <ul style="list-style-type: none"> • Delayed transfers of care and out of area placements in 2014/15, the action taken and the position in the first 6 months of 2015/16 • Outcomes from the service reviews undertaken on the Acute Mental Health Liaison Services and the Wiltshire IAPT service • Potential changes in the way that the CCG contracted with AWP 	

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	<p>would be subject to external intervention.</p> <p>STr assured the public that the CCG would continue with the programme to re-develop the community hospitals, bringing services much closer to the population and reacting to the national edict of 7-day working and the rapidly expanding population in Wiltshire.</p> <p>Programme Management: DJN introduced the section updating Members on the CCG's programmes and projects. There was a concern about the quality of data reporting on some projects and work was ongoing to ensure this reporting was as accurate as possible and fairly reflected the contribution made by each of the schemes.</p> <p>DF advised Members that it was important to note that the CCG was delivering the QIPP projects that were delivering the savings, although not as quickly as we had hoped: however, transformation was happening on the ground.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/10/15	<p>Group SLA Q1 Reports</p> <p>This report was in a new format that combined the three Groups' activities under the SLA, to which all practices across Wiltshire had signed up.</p> <p>SB reported on the activity in NEW:</p> <ul style="list-style-type: none"> • Increased prescribing costs were to be looked at centrally • Repeat prescribing would be worked on to ensure there was no waste • Care home admissions had dropped by 8% • Practices were working well with care homes to everyone's benefit • There was more integration with locality groups working with social care and voluntary agencies <p>TD reported on the activity in Sarum:</p> <ul style="list-style-type: none"> • Prescribing costs continued to rise and all Groups were under pressure • Effective Referrals data was incorrect - not up 13.2% but 9% down – and this needed looking into • Significant reduction in referrals to New Hall • Care homes admissions were 18% down on this time last year • Avoiding hospital admissions from care homes was a challenge in Sarum because of the small number of care home beds <p>RS-H reported on the activity in WWYKD:</p> <ul style="list-style-type: none"> • Care home admissions had dropped by 42% • Practices were developing practice plans to address areas of outlying activity compared to other Wiltshire practices • Data showed that there was a shift in delivery of services into the community: therefore it was important to hold our nerve re the financial position • The 'Leg Club' in Bradford on Avon had been recognised nationally for its work • A&E attendances were 1% down compared to last year; non- 	

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	<p>electives 6% down and electives 1% down</p> <p>MH stated that it was important that the clinicians had confidence in the excellent data available and the right questions of the data needed to be asked: the CCG was working with information teams on this issue. Contractual conversations were taking place with those providers who were showing a financial overspend on planned care.</p> <p>CG said that information from focus groups showed a high level of satisfaction with the engagement around the BCP.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/10/16	<p>Workforce Report Q1</p> <p>DJN introduced the report updating Members on workforce activities up to the end of quarter 1.</p> <p>LK found the data on staff turn-over reassuring, demonstrating a stable and committed team, which was really positive.</p> <p>DF reiterated the sentiment saying how lucky the CCG was with its skilled and able workforce, who had rallied round and worked as a team, particularly in relation to the Financial Recovery Plan.</p> <p>The Governing Body received and discussed the report.</p>	
GOV/15/10/17	<p>Update on Transforming Care</p> <p>BS presented the report updating Members on the Transforming Care Project in Wiltshire.</p> <p>CR asked whether the difficulties recruiting mental health staff would delay the opening of the Daisy. In response, BS said that the CCG were working with AWP on this and, as the Daisy would be a high profile, new service, AWP were finding it easier to recruit to this service than the day-to-day mental health posts.</p> <p>The Governing Body received and noted the report.</p> <p><i>(BS left the meeting at 12:05hrs)</i></p>	
GOV/15/10/18	<p>Quality and Clinical Governance Committee Annual Report 2014/15</p> <p>DMcA introduced the report outlining an evaluation of the Committee's performance in 2014/15, adding that there would be a revision of the TOR for 16/17.</p> <p>HO stated the importance of the work of this Committee, which was committed to improving patient care. It was about maximising the cost-effectiveness of delivery and ensuring the most effective use of CCG resources, when reviewing and authorising clinical policies.</p> <p>The Governing Body received and noted the report.</p>	
GOV/15/10/19	Any Other Business	

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	There was no further business discussed and the meeting closed at 12:10hrs.	

Date of next Governing Body Meeting in Public: Tuesday, 24 November 2015 from 10:00 – 12:30hrs in Warminster Civic Centre, Sambourne Road, Warminster, BA12 8LB