



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 23 JANUARY 2018, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Clinical Chair of Wiltshire CCG
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Lindsay Kinlin	LK	GP, Interim Vice Chair of West
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, Vice Chair of NEW
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Chet Sheth	CS	GP, Vice Chair of Sarum

In Attendance:

Mark Harris	MH	Chief Operating Officer
Jo Cullen	JC	Director of Primary Care and Urgent Care
Lucy Baker	LB	Acting Director of Acute Commissioning
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sharon Woolley	SW	Board Administrator
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection
Chris Graves	CG	Chair, Healthwatch Wiltshire
Fiona Ryan	FR	Patient Story Guest (<i>item 14b only</i>)
Fiona Coker	FC	SFT Maternity and Neonatal Services (<i>item 14b only</i>)

Apologies:

Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Dr Helen Osborn	HO	Medical Advisor
Sarah MacLennan	SMac	Associate Director of Communications and Engagement

ITEM NUMBER		ACTION
GOV/18/01/01	Welcome and apologies for absence RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/18/01/02	Questions/Comments from the public RSH read out the following question which had been received after the public question deadline of two working days before the meeting. This would be acknowledged as part of the Chair's Report and a formal written reply sent. Question received from Sue Buxton of the Devizes Constituency Labour Party: <i>We were promised that the long awaited Devizes Emergency Care Centre would Open in 2017, and yet so far not a single brick has been laid on the building,</i>	

	<i>what is causing the delay and when will it be open?</i>	
GOV/18/01/03	<p>Declarations of Interests 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). (This included any relevant interests previously declared on the Register of Interests)</p> <ul style="list-style-type: none"> CG declared an interest in item 11 – Future Commissioning of User Led Organisations on the agenda. The Healthwatch contract was linked to this service. CG agreed to leave the meeting for this item. <p>The meeting was quorate.</p>	
GOV/18/01/04	<p>Minutes of the meeting held on 28 November 2017 The minutes of the meeting held on 28 November 2017 were approved as an accurate record with the following amendment:</p> <ul style="list-style-type: none"> Page 5 – DMcA requested a change in wording of the third line of item 12, to replace 'expected' with 'hoped'. <i>It was hoped that it would remain under the target of 103 cases.</i> 	
GOV/18/01/05	<p>Matters Arising a) Update on 62 Day Treatment Patient Breaches at GWH Concerns had been raised at the last meeting over the breaches of the Cancer 62 day target at Great Western Hospital (GWH). LB reported that GWH had significantly improved since November, with January showing an 87% compliance against the 85% target. GWH had recovered quarter three's performance. The CCG would continue to monitor this, but was assured that this good performance would continue.</p>	
GOV/18/01/06	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>GOV/17/09/11.0 – COMPLETED GOV/17/11/08 – Covered as part of the Interim Chief Officers Report. CLOSED GOV/17/11/14 - JC to confirm with SWAST if March 2018 would be a suitable time to report on the pilot programme. ONGOING GOV/17/11/16 – March 2018 would be timely to update on the mobilisation of the Integrated Urgent Care service in readiness for the go live date of 1 May 2018. ONGOING GOV/17/11/17.0 - JC to follow up with Alex Goddard. ONGOING</p> <p>All other actions were marked as completed or closed.</p>	<p>JC</p> <p>JC</p> <p>JC</p>
GOV/18/01/07	<p>Chair's Report RSH acknowledged the recent appointment of Jeremy Hunt as the Secretary of State for Health and Social Care. The 2018/19 NHS Operational Planning Guidance was still awaited. It was expected that this recent change in Government would significantly impact upon the guidance.</p> <p>The recent liquidation of Carillion had a major impact for GWH. Carillion held the contract as the hospital's Private Finance Initiative (PFI) provider for hospital food, portering, cleaning and maintenance. GWH had contingency plans in place and were working closely with PFI partners and teams to ensure services continued as normal. Other immediate impact for our system was at North Bristol Trust, who treat some Wiltshire patients for specific conditions, and held a contract directly with Carillion.</p>	

	<p>Wiltshire CCG's quarter three assurance meeting with NHS England had been held earlier in the month, with the rating currently as 'good'. It is the CCG's ambition to become an 'outstanding' CCG, although it was acknowledged that at the current time the CCG would not meet the Referral to Treatment (RTT) target due to the impact on the acute delivery services following the nationally directed delay of non-urgent operations.</p> <p>A CQC review of the whole system with the CCG and Wiltshire Council had been confirmed for February. A System Overview Interim Report would be issued following the visit, covering effectiveness of system on patient outcomes, patient experience, the support for services across the system in order to avoid doing harm and responsiveness to people's needs.</p> <p>Work towards the joint integration post with Wiltshire Council continued. Cllr Jerry Wickham and Graham Wilkin from the Council had attended a recent CCG staff meeting, which had highlighted the joint work already in place and the opportunities of further closer working to create better services for Wiltshire's patients. The CCG would continue to look after NHS funding for health services, but using it more effectively to bring better outcomes.</p> <p>Following the transfer of full delegation of Primary Care from NHS England to the CCG in April 2017, the CCG was now responsible for contracts and Primary Care space. RSH emphasised that it was the absolute wish of the CCG to deliver to its plans of Urgent Care Centres for Devizes and Trowbridge, addressing the notable lack of space in those areas. Estates and Technology Transformation Fund monies were in place to support the process. NHS Property Services own the land, but still needed to raise the capital required to build. The Government signified that project Phoenix monies would be available from April 2019 that could provide capital funds, but details had not yet been released. Simon Yeo was looking into the other options available, a report would be brought back to the Governing Body in due course.</p>	
<p>GOV/18/01/08</p>	<p>Interim Chief Officer's Report LP highlighted the following items from the report:</p> <ul style="list-style-type: none"> • CCG's Care Operating Model and Urgent Care and Primary Care Strategy Documents – these were work in progress. The documents would provide the framework to determine the decisions to be made across the system and respond to the challenges faced. The operating model would be tested with Wiltshire Council to ensure it fit with the county and integration plans. • Joint Post with Wiltshire Council – An Extraordinary Governing Body meeting to be held in private had been scheduled for 13 February 2018 to take stock on governance arrangements and to agree on the advert for the post and. The integration of services needed to improve. Conversations had commenced with Wiltshire Health and Care concerning leading on the service integration and the redesign of services where needed. • Annual 360° Stakeholder Survey – would be circulated to stakeholders in the next few weeks. The 360° Stakeholder Survey and Staff Survey 2017 action plans would be brought to the March meeting. <p>ACTION: GOV/18/01/08 - 360° Stakeholder Survey and Staff Survey 2017 action plans to be an item for discussion at the March meeting.</p>	<p>LP / SMac</p>
<p>GOV/18/01/09</p>	<p>Register of Sealing There had been no sealings since the last meeting.</p>	

ITEMS FOR DECISION	
GOV/18/01/10	<p>Wiltshire Carers Strategy</p> <p>TW reported that the Strategy had been developed in conjunction with Wiltshire Council, carers and other interested stakeholders. The draft Strategy had been supported by Members when presented at the July meeting. The paper circulated clarified the five outcome areas and the implementation plan.</p> <p>The Strategy recognised and supported those 48k identified unpaid carers in Wiltshire. One in five carers provide over 50 hours careering support – which was a considerable resource. The five outcomes showed the CCG's and Councils support to those carers to improve their own health and wellbeing, ensuring they had choices and access to advice. The Implementation Plan referenced that training for carers would be offered and relevant information shared to ensure they felt supported and equipped to undertake their caring role.</p> <p>TW proposed that Governing Body Members support the Strategy and implementation plan. This paper would also be presented to Wiltshire Councils Cabinet in February.</p> <p>The Governing Body approved the Wiltshire Carers Strategy and Implementation Plan.</p> <p><i>(10.28hrs CG left the meeting before the next agenda item started)</i></p>
GOV/18/01/11	<p>User and Carer Engagement Service Procurement</p> <p>In the absence of SMac, CR presented the paper, which in fact was for noting rather than for decision.</p> <p>The paper confirmed the joint future commissioning intentions of the CCG and Wiltshire Council and the procurement timetable. The tender was issued on 12 January 2018. SMac and CR would be evaluating the bids on 16 February 2018.</p> <p><i>(CG re-joined the meeting)</i></p>
GOV/18/01/12	<p>Governing Body Sub Committee items for Approval:</p> <p>a) Health and Safety Policy</p> <p>MH explained that the Audit and Assurance Committee had agreed the Health and Safety Policy at the meeting on 9 January and recommended its approval by Governing Body.</p> <p>The Governing Body approved the Health and Safety Policy.</p>
ITEMS FOR DISCUSSION	
GOV/18/01/13	<p>Wiltshire Health and Wellbeing Joint Strategic Needs Assessment</p> <p>TDas presented the Health and Wellbeing Joint Strategic Needs Assessment (HWB JSNA). She acknowledged that due to changes in staffing and structure, its release was delayed, but it was hoped the suite of documents would all be up to date by the Summer. The production of the full JSNA and the HWB JSNA alternated annually, alongside the work with the CCG on locality plans. This suite of data then aided service planning, delivery and community development.</p> <p>The HWB JSNA considered the current population and its projection to help plan services. The military was bringing significant changes to the population figures for Wiltshire.</p> <p>The format of the document was changing to become more user friendly for the general public and professionals. The data packs were presented in four ways.</p>

Infographics were being used to create more accessible data.

The analysis of the key findings was changing the services and identified significant changes expected for Wiltshire. Life expectancy had risen; there was now a shift to focus on healthy life expectancy; looking to support changes in life styles etc.

Tackling inequality would be a focus over the next year. Universal services were working well, but targeted intervention was needed. Over the past three years, TDAs commented that the change had not been as stark as expected, but there was an increase.

Population data indicated a shift for 2030 of an older population increase, impacting on the type of services required and access. The time for planning for future delivery needed to commence; along with working with those in their 50/60's to start improving their health now.

TDAs explained that the analysis of demographics would look more broadly across data sets and the multiple indices of deprivation to improve accuracy. TDAs acknowledged improvement was still required, but parity of military and civil data was being progressed.

TDAs confirmed that work had commenced on the CCG JSA's and welcomed representatives from the CCG to join the network. Data sets would be stripped back against the indicator list and cross referenced to national general practice profiles.

An interactive session was being run in March 2018 (put back from January 2018) and would look in more detail at the findings. JC asked if the session could include primary care elements to ensure they aligned with NHS England requirements. A session with Practice Managers would also be welcomed. TDAs explained that data bandings could be drilled down to what was needed. The JSNA was the front view, but the data behind could be broken down to the level required.

TDAs explained that details of strategy development shared with the Public Health team would be built into the work plan to ensure timelines aligned. The CCG was welcome to access the data to aid service analysis and development.

TDAs reported that the highest causes of mortality was alcohol consumption and smoking. A spike in alcohol consumption in middle-aged women had been evident. Lack of physical activity and weight were also factors. AG felt that Mental Health was also a major factor and questioned if the Avon and Wiltshire Mental Health Partnership (AWP) were linked into the work. TDAs agreed that there was work to do, and in partnership with AWP and other relevant organisations (such as Oxford Health NHS Foundation Trust), to ensure support was available as early as possible and had the access to appropriate services. There was currently little engagement with families in the planning of support and services. It was acknowledged there was a way to go to realise the potential of empowering families to become leaders within the community, but work was to commence on physical activity projects within the community which would start the dialogue.

A notable effort was needed from professionals and the community to bring significant improvements and embed the National Diabetes Programme. One project being led by Public Health would focus on the programmes priorities. There was a need to drive self-care and self-prevention. A failing of the Obesity Strategy was that early preventative support had not been factored in. Active Travel in Wiltshire was a challenge; input into planning was needed and school support. Information was now shared with the Councils Spatial Planning team to

	ensure the environment and plans considered the Active Travel Plans when developing areas across the county.	
<p>GOV/18/01/14</p>	<p>Integrated Performance Report</p> <p>DMcA presented the quality element of the report and highlighted a number of areas. The midwife to birth ratio had improved at Salisbury Foundation Trust (SFT), from 1:32 to 1:29. GWH's ratio was 1:29, and Royal United Hospital (RUH) 1:34. The Royal College of Midwives recommended a ratio of 1:28. A deep dive in fractured neck of femur data had recently been completed and reviewed by the Quality and Clinical Governance Committee. This had found that the three acutes were performing above national average levels for most quality indicators. Safety in Emergency Departments was also a focus point. The Quality Team had been working with each acute to improve measures to ensure patients received regular observations and reassessments. Each acute used the SHINE checklist system, or a variation through their local process, providing assurance to commissioners that patient safety was being monitored during the winter pressure period.</p> <p>SP reported that the CCG was in a relatively stable position financially, and was on plan to deliver NHS England's cumulative 1% surplus in line with planning requirements. The financial settlement had been agreed with Salisbury Foundation Trust (SFT). Page 27 of the report indicated the resources, with the Quality Premium receipt for 2016/17 and month nine identification rule changes being the main areas of movement.</p> <p>LB referred to the RTT figures shown on page 31. Although the national target had not been met, the strategy was to create a buffer. November saw achievement of 91.85%, with December looking as 91.2%. Although lower, it was creating a stronger position. Referrals to alternative providers continued, this had seen 500 deferred from acutes. The impact of the national elective activity cancellations was to be reviewed. LB reported that the RTT Board advised that each cancellation be looked at and assured Members those appointments were now to be rebooked.</p> <p>TW reported that the Dementia Diagnostics rate was recorded as 65.2%, below the 66.7% target. The denominator was being changed monthly by NHS England. Slippage had been expected, as it mirrored the previous year trend. Concerns had been expressed; an improvement against the national target was needed. A GP event was being planned for February covering dementia, alongside Public Health's planned campaign to raise aware of dementia and early assessments. The DTOC figures had decreased to 22% which was a more encouraging position.</p> <p>MH concluded by reporting against the project elements under section three. It was at a stage of transition into next year and agreeing year end positions with providers. Project actions to carry forward were to be clarified. A learning noted from last year's contract signing was to ensure that project actions and processes were agreed before contracts were signed.</p> <p>a) Winter Performance</p> <p>JC presented the winter performance for December to date.</p> <p>The headlines were that South Western Ambulance Support Trust and NHS 111 had seen an increase in activity for the 2017/18 period in Wiltshire to the same period in 2016/17. This increased activity aligned to the national picture. Plans were in place up to Easter. Emergency Department (ED) activity had been lower than this time last year, possibly due to the implementation of the ED validation line and clinical hub.</p>	

The graphs on slide three indicated the Accident and Emergency (A&E) attendances and performance across the three acutes. LB explained that all touch points of admissions to A&E were to be looked at.

Ambulance calls for Wiltshire were 10.5% higher than the same period last year. There were significant hand over delays post-Christmas. New Year's Eve had been the busiest day across the whole system. Acuity had been high for the older age bracket, however calls and conveyance to ED from care homes was stable. The A&E Local Delivery Board would review these figures, and ensure that specialist care homes were appropriately equipped and supported to then reduce 999 calls.

NHS 111 call performance had been affected by the national auto-divert policy. The deposition had impacted upon Wiltshire's service providers. Care UK were to review the figures against the forecast.

Slides six and seven listed the top 80% of symptoms and the pathways used. There was a huge amount of data to work through, which would be split down into locality to identify the areas of focus. The learnings would be taken into the mobilisation work of the Integrated Urgent Care service.

Salisbury Walk in Centre had seen a 25% increase in activity than expected. Enhanced public communication was needed to encourage self-care and the use of pharmacists.

DMcA presented the influenza update, with some updated figures compared to the slide. A pandemic had not been called, but there were a high number of cases reported. Nationally, in week two, the overall weekly influenza-like illness (ILI) GP consultation rate was 53.1 per 100,000 in England, compared to 37.3 per 100,000 in week one. Wiltshire's flu and ILI was 16 per 100,000 for week one, and 11.8 per 100,000 for week two. Wiltshire was second in the country for vaccination rates for children aged two and three, and fourth in the country for the other vaccination groups. Neighbouring areas had seen increased cases of flu, which was having an impact on Wiltshire. Across the South West, it was the 20-45 age group that had been most affected. The CCG's lead on Infection and Prevention Control was in regular contact with each acute. The RUH had the highest number of beds closed due to flu. A robust flu plan, produced with Public Health and Wiltshire Council, was in place.

JC continued that the Wiltshire Integrated Control Centre had been set up prior to Christmas to manage the escalation and demands across the three systems. The Control Centre had been supported by Wiltshire CCG, Wiltshire Health and Care, Medvivo and Wiltshire Council. The Centre was reviewing demand and mapping calls to those with appropriate capacity. Delayed Transfers of Care (DTC) bed days were reduced at all three acute compared to the previous year due to the significant work actioned before Christmas.

MS felt that repeat prescriptions over the period had brought an added pressure that could have been mitigated through advanced prescription planning with patients. This was not just through Nursing and Care Homes, but also with those prescribing the drugs. CW reported that activity across Primary Care had increased by 25% over the period, supporting the system and hospitals. Practices and the CCG had pushed the message to patients concerning earlier repeat prescription ordering. Out of area patients had had an impact. JC advised that this had been noted and would be a more

	<p>prominent action for the next plan.</p> <p>b) Patient Story <i>(FR and FC joined the meeting)</i></p> <p>FR was in attendance to share her experiences of using SFT maternity services for her four pregnancies and deliveries over the last eight years.</p> <p>FR's account of the first three deliveries portrayed that they had been upsetting and stressful. FR had researched birthing options and had a clear birth plan in place each time, but the plan was not always adhered to. FR had felt that little information had been shared during and after deliveries and adequate support was not in place, a fundamental issue with the care received.</p> <p>Leading up to the birth of her fourth child, FR had met with FC, Head of Maternity and Neonatal Services at SFT, who was aware of past experiences and had supported the decision to have a home birth. FR had been fully aware of the possible risks of home births. However, with FC's support and guidance, FR's birth plan was actioned with a successful home water birth and healthy baby as the outcome. It was a refreshing last birthing experience for FR.</p> <p>MS was concerned to hear that FR's needs and choices were not adhered to, and reflected that this may be an issue across the NHS. FR felt that the Doctors and Nurses had not listened to her as the patient during the first three deliveries, despite having a birthing plan in place.</p> <p>FC explained that she had been new to the role just before meeting FR and had been concerned about the maternity services provided and the hospital model. FC enforced change within the department and steps were taken to ensure improvement was seen. It had brought a process of learning that was embedded within the development of the redesigned service.</p> <p>LB reported that FC was the lead mid-wife in the current maternity transformation work, which had a clear workstream of embedding personalisation and choice. LB would welcome FR's input into this work.</p> <p>RSH thanked FR for sharing her story and experiences with Members.</p> <p><i>(FR and FC left the meeting)</i></p>	
<p>GOV/18/01/15</p>	<p>Quality and Clinical Governance Committee Update The approved November Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS reported that the Committee had been impressed with the robust flu plan being put into place, and the work undertaken with partners to bring a relatively positive situation for Wiltshire to date. Wiltshire Health and Care had attended the November meeting to provide an up to date picture of Community Services. The Committee had requested further innovation around their services.</p> <p>The Committee were closely monitoring the acutes activity, and hoped to invite Clinicians to a summer Committee meeting.</p>	
<p>GOV/18/01/16</p>	<p>Audit and Assurance Committee Update The approved November Audit and Assurance Committee minutes circulated</p>	

	<p>with the meeting papers were noted.</p> <p>In the absence of PL, CR provided an update on the latest Committee activity. A good discussion had been held around the top ten risks for the Risk Register, which had been circulated with the meeting papers for Members information, along with the Board Assurance Framework.</p> <p>Internal audit reports had been discussed, including the Continued Healthcare report. DMcA and James Dunne had been in attendance to talk through the risks identified and the actions being taken to alleviate these.</p>	
GOV/18/01/17	<p>Health and Wellbeing Board Meeting Minutes</p> <p>The November Health and Wellbeing Board meeting minutes circulated with the meeting papers were noted.</p> <p>LP referred to item 153 in the minutes which noted the work undertaken on reviewing the s136 pathways across the AWP footprint and the continuing work and consultation regarding the centralisation of facilities to Devizes.</p> <p>An update had also been received concerning the Multi-Agency Safeguarding Hub (MASH). A MASH was already in place for children, which had brought closer working relationships amongst partner organisations. As part of the overarching transformation project, a MASH for adults was being developed.</p>	
GOV/18/01/18	<p>Any Other Business</p> <p>There was none.</p>	
	<p>The meeting concluded at 12.22hrs.</p>	

**Date of next Governing Body Meeting in Public:
27 March 2018, 10:00hrs at Southgate House, Devizes**