NHS
Wiltshire
Clinical Commissioning Group

DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY MEETING IN PUBLIC HELD ON TUESDAY 25 SEPTEMBER 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
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Christine Reid	CR	Lay Member, Patient and Public Involvement
Mark Harris	MH	Chief Operating Officer
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, Vice Chair of NEW
Dr Chet Sheth	CS	GP, Vice Chair of Sarum *(until 10.55hrs)*

In Attendance:

Jo Cullen	JC	Director of Primary Care and Urgent Care
Dr Helen Osborn	HO	Medical Adviser
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Lucy Baker	LB	Acting Director of Acute Commissioning
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
Liz Rugg	LR	Medvivo *(until 11.05hrs)*
Jamie Brosch	JB	Medvivo *(until 11.05hrs)*
Deborah Gogarty	DG	Patient Story *(for item 15a)*
Carol Langley-Johnson	CLJ	Wiltshire Health and Care Outpatient Physiotherapy Manager *(for item 15a)*

Apologies:

Dr Toby Davies	TD	GP, Chair of Sarum
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Mark Smithies	MS	Secondary Care Doctor
Stacey Plumb	SPl	Healthwatch Wiltshire
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection
Dr Muhammed Rehman	MR	GP, Interim Vice Chair of West

ITEM NUMBER		ACTION
GOV/18/09/01	**Welcome and apologies for absence** RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/18/09/02	**Questions/Comments from the Public** There were none.	
GOV/18/09/03	**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) There were none declared. The meeting was quorate.	
GOV/18/09/04	**Minutes of the Governing Body Meeting in Public held on 24 July 2018** The minutes of the meeting held on 24 July 2018 were approved as an accurate record.	
GOV/18/09/05	**Matters Arising** There were none.	
GOV/18/09/06	**Action Tracker** The two actions noted on the tracker had been completed.	
GOV/18/09/07	**Chair's Report** RSH informed Members that the CCG would commence delivery of the national Improved Access programme from 1 October 2018. Government funding was supporting an additional 235 hours per week of clinical capacity. People will be able to pre-book routine appointments to see a GP, practice nurse or other health professional based at Wiltshire GP practices in the evenings from 6.30pm to 8pm, and at weekends and Bank Holidays. The winter plan was being prepared, with the flu season fast approaching. Wiltshire had performed well last year and had reduced flu admissions to hospital. The uptake of vaccines would be encouraged again to staff and the Wiltshire population.	
GOV/18/09/08	**Interim Chief Officer's Report** LP highlighted the following areas from her report: • Commissioning Alliance – starting to develop plans for closer working between Wiltshire, BaNES and Swindon CCGs to ensure a more efficient way of working, and to reduce duplication. A Committees in Common meeting was to be held on 4 October 2018 to progress proposals. • Sustainability Transformation Partnership – there had been a change in leadership, with proposals being developed to make permanent arrangements. The structure would be clearer following the meeting on 4 October. LB was leading the STP Maternity Services Transformation work, which would commence public consultation in November. • Germany Visit – JC and SMac had represented the CCG at a recent visit to Germany to meet troops and their families ahead of the repatriation back to Wiltshire next year. It had provided a recruitment opportunity, as well as briefing them about access to GPs and Dentists. • 10 Year NHS Plan – the national cycle had commenced to plan for the next ten years of the NHS. Everyone was invited to contribute to the plan before the closing date of 30 September 2018. The Plan was expected to be released in the Autumn.	
GOV/18/09/09	**Register of Sealing** There had been no sealings made.	
ITEMS FOR DECISION		
GOV/18/09/10	**Governing Body Sub Committee Items for Approval:** The Governing Body were asked to approve the following items: • Audit and Assurance Committee – Risk Register and Board Assurance Framework	

	• Audit and Assurance Committee - Scheme of Delegation **The two documents listed were approved by the Governing Body.**	
GOV/18/09/11	**Improved Access – Contract Award and Mobilisation Update** It was an ambition of the GP Forward View Plan to implement the Improved Access programme, bringing seven day access to clinical professionals. This was to be implemented in Wiltshire from 1 October 2018, with a target of 30 minutes of consultation capacity per 1000 head of population, equating to 235 hours per week. Improved Access was to link with the existing core hours, extended hours and out of hour schemes already in place. Page four confirmed the timeline in place for the 18 month pilot. Formal procurement of the service would commence in April 2019, to be awarded in April 2020. The CCG took the decision to award the contract to Wiltshire Health and Care (WH&C), with sub contracts then with Practices to deliver. Weekly Improved Access Mobilisation Board and Oversight Board meetings were in place, and would continue to monitor delivery. Activity would feed into the formal procurement next year. A national advertising campaign would be carried out. The service would be triaged to ensure appropriate use. JC was confident that the service was able to commence from 1 October 2018. The contract with NHS England was being finalised today. A milestone plan had been developed to monitor the service with WH&C, with key areas of focus as shown on page five of the paper. A mobilisation risk register had been produced and mitigating actions in place where possible. There were some risks noted to other services, it would be ensured that the workforce was not moved around to cover this new scheme. ACTION: GOV/18/09/11 - An Improved Access pilot update to be brought to the Governing Body in January 2019. LP commended the model, which had invited Practices, the GP Alliance and WH&C to work together towards workforce solutions. It was providing a platform for creating primary care sustainability in areas. **The Governing Body ratified the decision made at the Clinical Executive, to support the proposed contract model and award the Contract for Improved Access to Wiltshire Health and Care.**	**JC**
ITEMS FOR DISCUSSION		
GOV/18/09/12	**Integrated Urgent Care Update** JB and LR from Medvivo were in attendance to provide an update on the Integrated Urgent Care Service (IUCS). JB talked through the initial slides, reviewing the history of Medvivo and the award of an outstanding CQC rating in 2017. Medvivo were awarded the contract to deliver the BaNES, Swindon and Wiltshire (BSW) IUCS in 2017; the service commenced in May 2018. The clinical assessment hub was at the heart of all urgent care services, providing a central co-ordination point, overseen by senior clinical decision makers. The 111 clinical hub ensured patients accessed the correct pathway quicker. The hub had physical and virtual elements, working closely with clinical	

	professionals, building relationships with palliative care and partner providers such as the Avon and Wiltshire Mental Health Partnership (AWP). The delivery of 111 was subcontracted to Vocare, with a third of the service being provided in house as part of the bespoke service tailored to the need of Wiltshire. This also enabled close performance management of 111. It was expected that the 111 service would transform into a sign posting service in the future. The hub model was vital in managing complex cases. It had allowed development of functional and pragmatic routes of care. There had been a notable reduction in Emergency Department (ED) admissions and ambulance conveyancing. The Healthcare Professional Line continued, building on its success. Evolution of access was being reviewed nationally. It provided immediate advice to those professionals and advocates on the ground. The GP Out of Hours service had been geographically challenging, but was now working well. Medvivo had worked with GP Alliance on the evolving interface of the Improved Access scheme. LR spoke of the early successes of delivery and the challenges that had been faced by Medvivo during the initial setup of the IUCS, and the lessons learned. New systems and telephone systems had been implemented and new staff recruited. The Directory of Services (DOS) referred to by 111 had to be profiled according to the three areas covered. The introduction of Dental Nurses was showing good results, but additional capacity was required. LP felt that more information was required on the shortfall of Dental Nurses and would invite NHS England to present at a future meeting on this. ACTION: GOV/18/09/12 - NHS England to be invited to attend a future Governing Body meeting to present on dental services for Wiltshire. Medvivo was actively working with all providers to ensure the clinical need was met. Strong relationships were being built and resources being shared across the hubs. Activity was 30% up on the contract. There was a need to understand the areas and patient activity as a system. An independent review was being undertaken. JC explained that baseline data from previous years and the national forecast figures had been used to set activity levels. LR advised that Medvivo were working with AWP on a scoping exercise to identify the three levels; existing services not aware of, what services did not exist and would benefit mental health workers in the hub, and community mental health education and support. This scoping work should be completed next month. *(10.55hrs – CS left the meeting)* PL acknowledged the challenges and increased activity and questioned the capacity to deliver, the pressure points and the mitigations in place. LR explained that the team continued to work closely with all Commissioners to develop the service and its resources. The highest pressure points were identified for Saturday mornings, telephone support was adequate, but on the ground workforce was required. *(11.00hrs – TB joined the meeting)* LB suggested that closer links would be beneficial with Medvivo as part of the Maternity Services Transformation work that was underway. HO felt that the	**LP**

	clinical system needed further work to ensure it was more usable by GPs. LR advised that this was soon to add electronic prescriptions soon. There was a need for providers to work together to develop the system. Overall the integration of the systems had brought better access to accurate information. SP mentioned that the interoperability of TPP was being reviewed by a Project Group, of which Medvivo would be invited to attend. *(11.05hrs – LR and JB left the meeting)*	
GOV/18/09/13	**Personal Health Budgets and Integrated Personal Budgets** TW presented the paper, which reviewed the progress made during 2017/18 by the CCG on allocation of personal health budgets (PHBs), and the commitment to explore opportunities with Wiltshire Council to further expand the offer. By 2021, 400-800 PHBs were to be offered to Wiltshire patients. Health and Social Care were working together to develop the Wiltshire offer, integrating PHBs into the Council's provision, and potentially wider through third sector organisations and the community. Expansion to wheelchair users was being explored. There were a number of areas and partners already engaged. Currently there were 1271 PHBs in place, above the required target. Pathways were being developed with Wiltshire Council and the Adult and Children services providers to expand the offer, with the potential to pool budgets, with the aim of improved personalised care for individuals. There was a need to understand economics and benefits and the patient outcomes. The CCG demonstrated that it was well ahead of targets and developments in this area. A PHB patient story for be organised for November's meeting. ACTION: GOV/18/09/13 - Personal Health Budget patient story to be organised for the November Governing Body meeting. An Integrated Budget and Personal Health Budget Policy had been drafted, with input from the Quality Team. From 2019, Continuing Healthcare would offer PHBs as default, which would have a significant impact, especially to Fast Track. The Policy considered the financial implications and governance in place, measuring intangible areas and defined outcomes and the need for care plans. Long term conditions were an area of focus. *(11.10hrs TB left the meeting)*	**TW**
GOV/18/09/14	**Winter Plan** JC talked through the presentation. The feedback received from NHS England following the second submission of the Wiltshire Sustainability (Winter) Plan was to be reviewed and incorporated into a third submission to be made by 5 October. Capacity to meet demand was a priority to ensure patient safety. Last year's activity and performance of A&E attendances and non-elective admissions at SFT had been reviewed by the Wiltshire Local Delivery Board (LDB). Length of stay was a national driver. Trajectories were being set against Delayed Transfers of Care (DTOC) and lost bed days. JC talked through the Wiltshire LDB priorities to support the reduction in patients staying over 21 days, DTOC, ambulance handovers and seven day working. SFT have an integrated discharge service in place to ensure discharges were made to the correct place. Regular meetings would be held to have oversight and performance management of the system and its pressures. A local framework was in place	

	with on call escalation. Working with Practices, Primary Care initiatives and plans were in place to ensure business continuity. A dashboard would be used to collect data to better understand the demand. The Wiltshire Length of Stay Improvement Programme was being implemented with Wiltshire Council, with weekly meetings held with relevant partners. LB advised that elective winter plan would continue with business as usual with actions futureproofed with the acutes. Capacity was being increased in areas to reduce the need to cancel routine operations. An STP wide elective plan meeting was being held in October to give collective assurance that plans were on track. With support of GP Practices, WH&C and Community Teams, the risks would be managed. There had been a delay in the Primary Care Liaison Service with AWP, the single model would be in place by October. Arriva, provider of the Patient Transport Services had a winter resilience plan in place. An Influenza learning event had been held in July to review the plan in readiness for the coming winter. The plan stressed the need to increase staff vaccinations, which was supported by the national CQUIN to enforce acute staff vaccination to minimise the risk to patients. Details of this would be shared with Primary Care. Wiltshire had a good vaccination rate for last year, there was a need to keep the momentum going. JC felt there was a need to understand how the voluntary sector could also support the winter plan and its actions. A communications strategy was being finalised following release of the national guidance. *(11.30hrs Deborah Gogarty and Carol Langley-Johnson (WH&C Outpatient Physiotherapy Manager) joined the meeting.*	
GOV/18/09/15	**Integrated Performance Report** **a) Patient Story** DG talked through her recent experience as a patient of the Physio/MSK Service. Pain from an undiagnosed issue in DG's left leg had been going on for several months. A visit to her GP and a Chiropractor had not given a resolve. It was affecting DG's day to day life; aspirations to improve her health had been thwarted. Painkillers had been prescribed as remedial action. DG went back to her GP in January this year who suggested she self-refer to the Physio Service in Warminster Hospital. An appointment for early April was sent through after a wait of approximately 12 weeks (shorter than the 18 previously advised). DG had two appointments with Helen the Physio, a month apart. Helen suggested that the muscles in the left leg were significantly weaker than the right and advised three exercises to be carried out twice a day. At the second visit, in May, DG reported a notable improvement. Pain levels had dropped and she was able to walk 5-7 miles comfortably. A significant emotional lift. DG now regularly exercises and walks the dogs 3-5 miles a day. DG felt sufficiently motivated to overhaul her diet. DG has lost weight, increased her strength and flexibility and felt better, both mentally and physically. DG now volunteered as the Older Peoples Champion with the Warminster	

Health and Wellbeing Board.

DG was grateful for Helen's skill and experience in identifying the problem, explaining to her what was happening in simple terms and finding an effective way forward. The service had changed DG's life dramatically and helped with her resilience with caring for her mother.

AG queried if DG felt it would have been more beneficial to her situation to have been initially referred to the Physio Service, rather than seeing her GP. DG felt it would have impacted upon the length of time with dealing with the pain, but in fact seeing the GP first completed the service and had given a positive patient experience. CLJ supported the model of first contact being with Practitioners, targeted exercise was the first line of the approach. The right care, at the right place at the right time was a key message to share with the population, alongside positive stories such as this.

RSH thanked DG for sharing her story and experiences.

(11.50hrs – DG and CLJ left the meeting)

Integrated Performance Report

SP reported that the CCG had agreed a revised plan with NHS England to change its in year surplus position from £0.198m to £1.698m. This would bring future benefit, enabling the CCG to draw down this funding, plus accumulated surplus, to support transformation across the STP. The CCG was on target to deliver against this revised in year position. Cost pressures were reported for non-elective, planned care and outpatient activity. An underspend on prescribing budgets were reported for month five. Sufficient contingency was held to mitigate the financial risks shown on page 27.

LB reported that the Referral to Treatment (RTT) waiting list size had seen a significant growth over the last four months. The RTT Steering Group was monitoring this monthly; this month's figures included the independent sector. The CCG remained broadly on track against the Cancer targets. 62 day wait performance was a risk due to an increase in urology patients awaiting robotic surgery in tertiary centres. An STP clinically led deep dive was being undertaken. An update was to be taken to November's Clinical Executive. A deep dive of ophthalmology services was also to be carried out; the two data sources from the providers and Referral Management Centre were not aligned. The Community Ophthalmology Service went live this month, it was hoped this would help release capacity in the acutes. MH queried the effect on the activity figures following the release of the national 62 day guidance. LB advised that the CCG would remain in the same position across providers.

Referring to the quality element of the report, DMcA reported that there had been 11 c.difficile cases reported in July. A lot of progress had been made over the years. The Quality Team were to focus on the support offered to the community, linking with Primary Care Infection, Prevention and Control Leads, Pharmacists and Medicines Management. A national Quality Premium had been set for 2017/18 to reduce E-Coli by 10%. Wiltshire had achieved a 6% reduction, but remained lower that the South West average rate and England's national average. The good work would be further built upon at an STP level. 11 52 week wait breaches were reported in June 2018. This was to be discussed with the STP and NHS England to review the harm and impact of the delay on patients. Page 16 indicated the provider workforce cohort indicators. It was important that staff mandatory training targets were still met during busy escalated times to ensure staff remained up to date and aware of guidance.

	JC reported that the CCG had worked with BaNES and Swindon CCGS, and the South Western Ambulance Service Trust to implement an A&E four hour improvement plan. TW advised that there were more up to date Improving Access to Psychological Therapies (IAPT) figures to add to the report, which indicated that the service was above national targets. WH&C length of stay figures had deteriorated due to domiciliary care capacity and care home availability.	
GOV/18/09/16	**Quality and Clinical Governance Committee Update** The approved July Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted. **a) Infection, Prevention and Control (IP&C) Annual Report** Members felt that the IP&C report needed publicity to share the success of the good infection control in place across the system in Wiltshire. The report and its achievements demonstrated the good collaborative working in place across the STP and with providers.	
GOV/18/09/17	**Audit and Assurance Committee Update** The approved July Audit and Assurance Committee minutes circulated with the meeting papers were noted. PL reported that the Committee had received reports from Internal Auditors, KPMG at the September meeting on a positive reviews of the CCGs Conflict of Interest and Risk Management processes and polices.	
GOV/18/09/18	**Finance and Performance Committee Update** The approved July Finance and Performance Committee minutes circulated with the meeting papers were noted. SP reported that the September meeting had discussed the draft Financial Strategy, which was to consider the clinical need against future investments. The draft was to be shared with Clinical Executive for clinical input.	
GOV/18/09/19	**Health and Wellbeing Board Meeting Minutes** The July Health and Wellbeing Board meeting draft minutes circulated with the meeting papers were noted. LP highlighted the following from the minutes: • Work against the CQC System Review Action Plan continued. • The Board confirmed its commitment to the length of stay programme and the patient flow out of hospital. • The Domiciliary Care provision tender was soon to end. • LP had presented the CCGs Care Model. The Adult Care Transformation Plan was to be made system wide.	
GOV/18/09/20	**Any Other Business** There were no items raised.	
	The meeting concluded at 12.14hrs	

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