



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
EXTRAORDINARY GOVERNING BODY MEETING IN PUBLIC
HELD ON TUESDAY 13 NOVEMBER 2018, 14.00HRS 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
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Chief Operating Officer
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Catrinel Wright	CW	GP, Interim Chair of West

In Attendance:

Dr John Petit	JP	GP, NEW
Dr Helen Osborn	HO	Medical Adviser
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Lucy Baker	LB	Acting Commissioning Director and Group Director of Sarum
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Theresa Leavy	TL	Programme Lead for Families and Children's Transformation, Wiltshire Council (<i>for item 4 only</i>)
Sharon Woolley	SW	Board Administrator
Stacey Plumb	SPI	Healthwatch Wiltshire

Apologies:

Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Jo Cullen	JC	Director of Primary Care and Urgent Care
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection

ITEM NUMBER		ACTION
GOVex/18/11/01	Welcome and apologies for absence RSH welcomed all to the meeting. Apologies were noted as above.	
GOVex/18/11/02	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.	
ITEMS FOR DECISION		

<p>GOVex/18/11/03</p>	<p>Commissioning Architecture for BaNES, Swindon and Wiltshire – BaNES, Swindon and Wiltshire CCG Alliance</p> <p>RSH reported that a Joint Governing Body had been held in private on 4 October 2018 with BaNES CCG and Swindon CCG, to consider an Options Appraisal and the four proposed options:</p> <ul style="list-style-type: none"> • Option 1 – Status Quo. • Option 2 – To maintain three separate CCGs and a Sustainability and Transformation Partnership (STP) function but develop a formal joint committee for strategic issues. • Option 3 – To maintain the three separate CCGs, but with a single management team and streamlined governance (incorporating the STP functions). • Option 4 – A formal merger of the CCGs (incorporating the STP functions). <p>The Commissioning Alliance had recommended that option 3 be supported. Individual Governing Body meetings had been held immediately following the joint Governing Body meeting to debate the options. All three CCGs supported the recommendation of option 3. The discussions held in Private brought the recommendation of option 3 to this meeting for formal ratification by the Governing Body in Public.</p> <p>RSH advised that the first step of implementation following approval would be to appoint to the single Accountable Officer (AO) and STP Senior Responsible Officer role to enable them to design their supporting management structure. The three Chairs were to first agree the AO job description and recruitment process. The job description would be shared with Governing Body Members before the role was advertised. The role would be accountable to the three Chairs.</p> <p>ACTION: GOVex/18/11/03.0 – Single Accountable Officer / STP Senior Responsible Officer Job Description to be shared with Governing Body Members.</p> <p>LP reported that the Commissioning Alliance had started to consider the Executive Management tier and to draft job descriptions for those roles that were certain in the structure. Interim governance arrangements were to be implemented to include a lead Directors to work across the three CCGs on different topics.</p> <p>CR questioned the placement of the existing employed STP staff. LP advised that the AO post would line manage the STP project team, designing the new structure to incorporate the existing STP staff team.</p> <p>The CCG constitution was being revised to ensure compliance with the new model guidance issued by NHS England, as well as incorporating changes to enable the new formal delegation requirements. This would allow for decisions to be taken in a different way. It would be presented to the Governing Body on 27 November 2018 for approval. The Committee arrangements were also being considered.</p> <p>The CCGs are clinically led organisations; MS raised concerns of GP capacity and ensuring clinical representation was sufficient at the various meetings.</p> <p>It was acknowledged that the identities of each CCG needed to remain, and a mechanism to be in place to monitor the effectiveness of the joint arrangements. The three Clinical Chairs and the three Governing Bodies</p>	<p>RSH</p>
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would remain. A Memorandum of Understanding would be agreed by the three CCGs. One CCG would be the employer of the single Accountable Officer post.

SP advised that NHS England would give the final sign off of the AO appointment. The recruitment panel would make a recommendation for the NHS Chief Executive to endorse. The panel will consist of the three Chairs, Cllr Jerry Wickham from Wiltshire Council as Chair of the STP, NHS England and a Chief Executive from one of the acutes. RSH would clarify if an NHS Lay Member or Non-Executive was to be involved.

ACTION: GOVex/18/11/03.1 – RSH to clarify if an NHS Lay member or Non-Executive was to be involved in the recruitment process for the single Accountable Officer.

RSH

Tony Millett, in attendance on behalf of Marlborough News (Press) was permitted to ask the following questions to Members.

- 1) Would this new 'umbrella' committee replace the STP?
RSH explained that the STP would continue to consist of the three CCGs, providers and the three acutes. This agreed collaboration agreement would see the three CCGs remain as individual organisations, but managed by a single AO / STP Senior Responsible Officer.

LP continued to explain that the STP was a partnership of 13 statutory organisations choosing to work together. The STP team of appointed staff were in post to support the delivery of the work. The single AO post would line manage the single CCG executive team and the STP team.

There was a national thrust for STP's to be more engaged. The BSW STP had delivered noteworthy achievements, but there was a requirement to do more. The STP Stroke Collaborative was highlighted as a successful project of joint working, sharing good practice and implementing improvements. There was a need to build on this success. The STP aspires to the Integrated Care System model, the delivery and planning of more integrated services.

ACTION: GOVex/18/11/03.2 – Stroke Collaborative Report (as produced by the Quality Team for the Quality & Clinical Governance Committee) to be shared with Tony Millett (Press - Marlborough News) for information and as an example of successful BSW joint working.

SMac

- 2) With each CCG at a different stage in their integration relationship with their respective Local Authorities – how would this fit under the new structure?
RSH explained that neighbourhood tiers were being agreed for the structure to ensure the local focus remained. Place based commissioning would be put into place with Wiltshire Council. Services would be developed accordingly.

Commissioning At Scale would be implemented, with a Director responsible for each area to take it forward to ensure the arrangements were in place to deliver against the plan.

Each CCG would continue to develop their integration relationship with their respective Local Authority.

RSH referred to the recommendations stated within the paper and asked for Members to formally ratify the decision to support Option 3. It was noted that a paper would be presented to the Governing Body meeting to be held on 27 November to recommend the adoption of the new model CCG Constitution.

SMac brought to Members attention the incomplete wording for the 'Legal, Policy and Regulatory Requirements' section. LP advised that this would be amended and circulated to Members. It should state that the new models of delegation required agreement of the Governing Body, and that changes to the Constitution would require agreement by CCG Member Practices.

The Governing Body ratified the decision to support Option 3 - To maintain the three separate CCGs, but with a single management team and streamlined governance (incorporating the STP functions).

ACTION: GOVex/18/11/03.3 - The 'Legal, Policy and Regulatory Requirements' section of the paper to be amended to ensure wording is complete. Correct wording to be included within the meeting minutes and the revised paper to be uploaded to the WCCG website.

Post Meeting note:

The paper wording was amended to read as follows. The revised wording was circulated to Members on 13 November 2018 and uploaded to the CCG's website.

Legal, Policy and Regulatory Requirements:	The CCG is a statutory organisation and any new models of formal delegation require agreement of the Governing Body, any changes to the constitution will require agreement of the CCG Member Practices. The CCG constitution will need to be revised to reflect any agreed changes, which will need to be signed off by NHS England and cannot be implemented until such time as confirmation from NHSE has been received.
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(14.34hrs TL joined the meeting)

SW

GOVex/18/11/04

Update on Families and Children Transformation Board (FACT)

LB explained that the presentation highlighted the key aspects of the FACT work plan and defined the key working principles requiring Governing Body consideration.

TL talked through the first few slides of the presentation to share with Members the work of FACT to date and the plans to take forward. The Programme had been funded and developed by Wiltshire Council, with input from the CCG, the police and other local partners. A gap in family outcomes and young people support had been found within all agencies. Greater integration across the partnership was required to maximise resources and minimise the gaps and duplication. The service needs from Wiltshire's population continued to grow in complexity.

Over the summer, engagement activities and a road show had been held. A questionnaire and deep dive interviews had been used to gather feedback. Responses from families were clear; early intervention was required and services were not effective enough to stop escalation.

GPs were a route of help and support to families. There was a need to

prioritise the Programmes expected work plan delivery and outcomes, and to incorporate a vehicle for sharing learning. LB referred to the Wicked Issues; partners working together, pooling resources and having a joint commitment to improve services.

LB went through the remaining slides, and highlighted the key areas of focus for the Programme going forward as shown on slide 13. Tangible workstreams were to be prioritised.

The following comments were captured concerning the New Operating Model:

1. The numbers of families/people the Programme would aim to support to be included in the detail
2. The number of staff required to deliver the Programme to be included
3. How the Programme would enable families to support themselves to be referenced.

TL was aware that there were gaps and duplication across the system, but was confident that this new model would work towards resolving these, therefore freeing up resources. Local delivery teams would be implemented.

MS felt that this Programme approach had been adopted during the set-up of the Multi Agency Safeguarding Hub (MASH), but to date had been ineffective, and questioned if this new operating model for FACT ensured delivery. LB understood concerns, but was confident this Programme would deliver, and the collaborative approach was the method to take it forward. This was already being put into practice through the 'No Wrong Door' scheme in place as part of the Looked After Children (LAC) service. Wiltshire Council staff supported this, and would now include a CCG funded Children and Adolescent Mental Health Service (CAMHS) support / LAC Officer post. CCG CAMHS underspend was now being used to support the No Wrong Door scheme. TL commented that the formation of the MASH had seen an impact for Wiltshire. There was an ambition and drive to ensure this FACT Programme succeeded.

The Governing Body's support of the FACT principles was required, but the health benefits of the Programme needed to be clear and valid. Assurance was required against staff resources, timescales for delivery of outcomes and financial investments.

TW felt that the timeline of intervention should be shared. There was good work being undertaken by each individual partner, but these were not currently being co-ordinated, which would bring added value.

LP welcomed the discussion with Governing Body Members, recognising the service issues and fixes required to bring joint outcomes. The CCG and Wiltshire Council had already pooled its joint commissioning funds. The approach was commended; detailed updates should be brought to the Governing Body when appropriate.

SMac queried the link with the Sure Start and Home Start services, and how these featured in the understanding of Wiltshire's families. TL explained that Children Centres featured. The Programme was to focus on outreach rather than Sure Start services. As a quality standard of the MASH, it would be ensured that all families were provided with some line of support. Wiltshire Council had invested in an early support hub (which would include Children Centres), which would be live within the next few weeks.

MS felt that there was a need to ensure academies were involved in the Programme. The transition to adulthood was also key; ensuring families and young people were aware of what to expect from adult services. The

	<p>Programme needed to be more robust with its smart KPI's. The CCG was to decide if its finite resources were used to investment now or for future services.</p> <p><i>(15.00hrs – DMcA left the meeting)</i></p> <p>RSH brought the discussion to a close and referred to the Key Decisions requested of the Governing Body as shown on the final slide. SMac felt there was a need for an Equality Impact Analysis (EIA) to be completed against this area of work, as a requirement of any approval requested of the Governing Body. This would be completed retrospectively, but RSH felt that a decision against each consideration could be recorded:</p> <ol style="list-style-type: none"> 1. Does the Governing Body sign up to the principles, priorities and approach outlined in the presentation? The Governing Body considered and agreed the Programmes principles, priorities and approach. 2. Does it agree the key cultural messages – has anything been missed? Members felt there was a need for the Programme to join up with adult services and transition to be a focus. Members felt they could not approve this at this stage. 3. How best to 'fund/resource' the programme – how do we manage future finding/investment requests? LP requested that LB work closely with DMcA to review programme funding. Members felt they could not approve this at this stage. 4. Agreement or otherwise for the revised programme Board structure The Governing Body felt that this could not be considered as the structure had not been included in the presentation. <p>ACTION: GOVex/18/11/04 - Equality Impact Assessment to be completed to accompany the paper. The revised paper to be uploaded to the WCCG website.</p>	LB / SW
GOVex/18/11/05	<p>Any Other Business There were no items raised.</p>	
	The meeting concluded at 15.10hrs	

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