



Wiltshire

Clinical Commissioning Group

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC  
HELD ON TUESDAY 22 JANUARY 2019, 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
Julian Kirby	JK	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Catrinel Wright	CW	GP, Chair of West
Dr Muhammad Rehman	MR	GP, Interim Vice Chair of West

**In Attendance:**

Dr Nick Ware	NW	GP, Representative for NEW
Jo Cullen	JC	Director of Primary Care and Urgent Care
Ted Wilson	TW	Director of Community and Joint Commissioning
Lucy Baker	LB	Acting Commissioning Director (Maternity, Children and Mental Health) Group Director (Sarum)
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
Andy Jennings	AJ	Senior Commissioning Manager
Tracy Daszkiewicz	TDas	Director of Public Health and Public Protection
Pablo Jimenez Moreno	PJM	Medicines Management Pharmacist ( <i>item 14 – from 10.32hrs</i> )
Dr Lindsay Kinlin	LK	GP, GP Alliance ( <i>item 15</i> )

**Apologies:**

Stacey Plumb	SPI	Healthwatch Wiltshire
Dr Helen Osborn	HO	Medical Adviser
Mark Harris	MH	Chief Operating Officer
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Simon Burrell	SB	GP, Interim Chair of NEW

ITEM NUMBER		ACTION
GOV/19/01/01	<b>Welcome and apologies for absence</b> RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/19/01/02	<b>Questions/Comments from the Public</b> No questions had been submitted by the public.	
GOV/19/01/03	<b>Declarations of Interests</b> 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>(This included any relevant interests previously declared on the Register of Interests)</p> <p>NW declared an interest in item 15 – Improved Access Update – as a Member of the GP Alliance. The Chair noted the declaration. This interest was recorded upon the CCGs Declaration of Interest Register. As the information shared for item 15 was being presented in the public domain, NW would be entitled to remain as part of the meeting for that item.</p> <p>The meeting was quorate.</p>	
<b>GOV/19/01/04</b>	<p><b>Minutes of the Governing Body Meeting in Public held on 27 November 2018</b></p> <p>The minutes of the meeting held on 27 November 2018 were approved as an accurate record.</p>	
<b>GOV/19/01/05</b>	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>CR referred to page five of the November minutes - the item concerning Specialist Commissioning waiting lists, and queried if this had been raised with NHS England. LB advised that TD had written formally to the CCG to raised concerns, leading to the CCG writing to NHS England to pass on these concerns. A response was awaited from NHS England.</li> </ul> <p><b>ACTION: GOV/19/01/05.0 - LB to provide an update on the wait times information for Specialist Commissioning for Wiltshire patients.</b></p> <p>LP advised that the Sustainability and Transformation Partnership (STP) were developing their direct relationship with Specialist Commissioning as a whole, not just concerning waiting lists.</p> <p><b>ACTION: GOV/19/01/05.1 - LP to provide a thought piece to the GB on the development of future strategic interface with Specialist Commissioning including potential role of STP/Integrated Care System.</b></p>	<p><b>LB</b></p> <p><b>LP</b></p>
<b>GOV/19/01/06</b>	<p><b>Action Tracker</b></p> <p>The action tracker was reviewed and updated.</p> <p><b>GOV/18/11/11.1</b> - New model Constitution had been approved at the November GB meeting and any proposed changes raised within relevant Committees. BSW Governance Workstream continued to work towards Joint Committees and Committees in Common where appropriate. <b>CLOSED</b></p> <p><b>GOV/18/11/12.0</b> - DMcA reported that a Wiltshire CCG C.difficile Working Group had been established with the involvement of providers, with its first meeting planned for January. It would review community and acute reporting. Progress against this would be reported via the Quality Report and through the Quality and Clinical Governance Committee. <b>CLOSED</b></p> <p><b>GOV/18/11/12.1</b> - JC advised that discussions had commenced. A further update would be requested from MH for the March meeting. <b>ONGOING</b></p>	<b>MH</b>
<b>GOV/19/01/07</b>	<p><b>Chair's Report</b></p> <p>RSH welcomed JK to his first Governing Body meeting in public. JK joined the CCG in December as the third Lay Member.</p> <p>An update on Improved Access was on the agenda, but RSH wished to note that it was evident that patient access to medical support had improved since it commenced in October.</p>	

	<p>Interviews for the appointment of the shared Chief Executive Officer role across BaNES, Swindon and Wiltshire (BSW) STP were to be held on 24 January 2019.</p> <p>Wiltshire CCG had been successful in its bid to NHS England to support the set-up of a Citizens Panel across the BSW. SMac was leading this area of work on behalf of the BSW STP.</p>	
<p><b>GOV/19/01/08</b></p>	<p><b>Interim Chief Officer's Report</b></p> <p>LP's report for January included a look back over the calendar year of 2018 to reflect on the notable achievements. The CCG had played its part in managing one of the biggest health incidents seen in the country; with noteworthy ability and passion. The Improvement Assurance Framework review by NHS England had given the CCG an overall rating of 'good' for 2017/18. The CGG anticipated maintaining or strengthening this rating.</p> <p>There was understandably an evident impact on Directors and staff as the changes across the BSW were implemented to move to the shared management team and closer working, bringing an unknown context for all. The Commissioning Alliance had supported preparations for the new Chief Executive Officer coming into post, but the shaping of the team would be finalised when the role commenced.</p> <p>Although winter pressures were not yet apparent, LP had confidence in the planning in place to deal with identified risks. Workforce capacity within providers was a known risk, and managing the demand would be a challenge.</p> <p>Consultation regarding the transformation of the Maternity Services continued until 24 February 2019. LB added that 909 responses had been received as of the end of last week. There was targeted work to do in Frome and Devizes, and dedicated events were being planned for Salisbury.</p> <p>Building upon the CCG's Primary Care Strategy and the national NHS Long Term Plan, the implementation of Primary Care Networks (PCN) across Wiltshire was progressing, putting into place the building blocks of care; improving co-ordination of care where people live and need it most. The first six areas were to be up and running within the next six months. McKinsey had been appointed as the partner organisation to facilitate the development following a procurement process.</p> <p>A successful event was held in December to look at improving the Mental Health services across the STP. Over 200 people had been in attendance, with representatives from user groups, providers and the voluntary sector. The feedback was now being digested; a detailed report would be presented to the Governing Body in March.</p> <p><b>ACTION:</b> GOV/19/01/08 - A detailed report from the Mental Health event held in December 2018 to be presented to the Governing Body, to include case studies from the Wiltshire Centre for Independent Living and Citizens Advice Bureau. <i>(Potential Patient Story)</i></p> <p>RSH added that the CCG had been successful in securing £16m through the STP Estates programme towards the development of the Trowbridge Urgent Care Centre. SP advised that this programme of work was to address the shortfall of primary care space in Trowbridge and support the development of the Integrated Care System. An Outline Business Case and Full Business Case would be prepared and consultation undertaken.</p>	<p><b>LP / LB</b></p>

GOV/19/01/09	<p><b>Register of Sealing</b> There had been no sealings made.</p>	
<b>ITEMS FOR DECISION</b>		
GOV/19/01/10	<p><b>Governing Body Sub Committee Items for Approval:</b> The Governing Body were asked to approve the following items: a) Health and Safety Policy b) Risk Register and Board Assurance Framework (BAF)</p> <p><b>The two items listed were approved by the Governing Body.</b></p>	
<b>ITEMS FOR DISCUSSION</b>		
GOV/19/01/11	<p><b>Integrated Performance Report</b></p> <p><b>Quality</b> DMcA reported that to date there had been 71 c.difficile cases recorded for 2018/19 (an increase since the report was written). A Task and Finish Group has been established to support practices to understand the high rate. Public Health England had published new pathway and diagnosis guidance for new Urinary Tract Infections. A group to focus on E-Coli may be set-up following a high increase in the number of cases to date. There had been a reduction in reports of slips, trips and falls. SFT in particular had good processes in place following a fall; rapid review and learning (SWARM) had been embedded which had contributed to improved learning and a reduction in cases. The SWARM process is also used at GWH. AWP had recorded a rise in self-inflicted harm cases. The CCG continued to seek assurance on prevention and mitigation. A Contract Performance Notice had been in place with AWP since December 2017 concerning the timeliness of reporting serious incidents in line with the framework. In addition concern has also been highlighted by all CCG's regarding the quality of the root cause analysis reports. The Directors of Nursing from across BSW and Bristol, North Somerset and South Gloucestershire (BNSSG) CCG's were working with AWP's new Director of Nursing to address the backlog and improve the quality of reports.</p> <p>11 x 52 week wait breaches were recorded in November. The Team were working with the RUH and GWH on the accurate logging of data to ensure that patients did not become lost in the system.</p> <p>In relation to workforce Wiltshire has known workforce issues across all providers. Maureen Holas had recently been appointed as the CCGs Interim Workforce Lead, supporting the Wiltshire Workforce group which is a sub-group of the Wiltshire Integration Board to focus on specific issues for NHS providers and social care. It was noted that the Stroke Collaborative had most recently focussed on the discharge and patient flow element and that the latest results of the Sentinel Stroke National Audit Programme (SSNAP) had shown a decrease in overall rating for SFT associated with decrease staffing levels in therapy which has now been recovered.</p> <p>The CCG and Local Authority were working closely with a Neuro Rehabilitation provider in South Wiltshire to implement their improvement plan following a CQC inspection rating of 'inadequate'. Inspection reports against its other sites were awaited.</p> <p>The recent CQC inspection report of AWP had given an overall rating of 'requires improvement'. BSW and BNSSG CCG's were working with AWP to embed improvements as recorded in their action plan. MS was concerned by the CQC report, but pleased to hear that the relationship was building with AWP's</p>	

new Director of Nursing.

### **Finance**

SP referred to page 23 of the report, which indicated the planned position for the year, showing that the CCG was on track to deliver its £1.7m surplus against reserves. Month 9 saw an increase in resources by £705k, mainly due to bringing the revised revenue resource limit to £680,798 due to the movement of the £474k against the Perinatal Development Fund.

The pressures relating to the over performance of acute contracts have been offset by underspends across the portfolio. Year-end deals have been agreed with SFT and GWH. SP reported that since writing the report, the RUH had also confirmed it would adopt the deal and support the outpatient transformation work, giving them stability of expected income. This also removed the financial risk to the CCG.

At month 9 a year to date underspend was still reported on prescribing budgets. The forecast outturn was expected to vary with the ongoing impact of No Cheaper Stock Obtainable drugs. The Medicines Management team were managing this well, reducing the impact to the CCG.

The Primary Care Delegated budget reported an overspend, largely due to the national GP pay awards agreed in year. There were no additional funds from NHS England to support this; therefore impact was against the programme funds.

QIPP remained a risk to the CCG due to non-achievement of delivery against the Quality Premium. The staff were working to address this and improvements were evident in areas. The CCG had budgeted to receive c£2.4m against the Quality Premium, with £400k now anticipated based upon the calculation history. The CCG strives to improve its position, but the future impact was unknown.

### **Performance**

AJ reported that in November 2018 the CCG did not deliver against the 92% Referral to Treatment (RTT) target. Initial December figures indicated a significant improvement. The waiting list had increased by 1,232 over the last eight months; figures for December indicated this was at 843. Plans were in place to address this with providers. LB added that the children's services waiting list with Virgin Care had reduced by 43 patients, clearing backlogs and achieving the national target. Although the CCG's performance against regional and national levels was good for the 18 week wait target, it still did not meet the target of 92% at 91.1%.

The 99% six week standard against diagnostic waits was breached in November with 97.9%. The CCG was performing better than other CCGs in the region, despite the three acutes not achieving the standard.

The CCG failed to meet the two week wait; 31 day wait and 62 day wait targets for November, but had shown improvement since October for two week waits. Again the CCG was performing better than other CCGs regionally and nationally and future programmes of improvement were in place.

JC reported that it had been a challenging number of months for the acutes, which reflected in the performance against the A&E standard. The process of admissions and flow was to be improved. The South Local Delivery Board monitored SFT performance and the CCG had daily reporting in place. SFT had shown improvement. This performance linked with the Delayed Transfers to Care (DTC) and flow through the hospital. High attendances and high acuity

	<p>were being seen. System escalation was in place. Traction was also being seen now that an improvement plan was implemented via the Expert Review Panel being led by DMcA.</p> <p>TW advised that system flow and availability of care home beds were the main reasons for the high number of DTOC days. This remained a challenge, although some improvement was being seen. Winter pressures would soon impact upon the system. Wiltshire Council had recently completed a procurement exercise for domiciliary care, which should impact positively on bed days.</p>	
<p><b>GOV/19/01/12</b></p>	<p><b>Financial Allocations 2019/20 Update</b></p> <p>SP talked through his presentation, which reviewed the draft allocation and financial planning assumptions - to identify what this meant for Wiltshire. In June 2018 the Government committed to providing additional funding for the NHS over the next five years, with an average increase of 3.4%. The release of the NHS Long Term Plan indicated the strategy to utilise these funds over the next 10 years.</p> <p>Slide 3 provided assumptions for the next two years for Wiltshire. Programme allocations were to increase by 6.15%, which included funds that had previously been paid to providers through other routes (c£8m) which would need to be earmarked (e.g. provider sustainability fund and ambulance service costs). The Mental Health Investment Standard would therefore also increase by at least 6.15% in line with the allocation increase. Primary Care Delegated was to see a significant increase of 6.86%, and running costs increased by 1.51%.</p> <p>Wiltshire CCG's core funding was c£13m under its desired funding level (-2.1%). Delivery of a 20% reduction in the CCGs running costs were to be achieved for 2020/21, with 2019/20 being used to enact changes required to deliver these savings.</p> <p>The population increase expected in Wiltshire over the next few years was indicated on slide 5, which accounted for the military repatriation expected in 2019/20 and 2020/21. Wiltshire's increased allocation had accounted for this increase in population; it is proposed that a repatriation allocation fund is created to support the army impact to NHS services in the south of the county. Investment into our Community Services contract with Wiltshire Health and Care (WH&amp;C) would increase as our growth fund allocation increased; an expected uplift would adjust for specific devolved items e.g. provider sustainability funding and ambulance services. Further investment in community services is desired and evidence from WH&amp;C of added value and transformation would need to be seen to support developments.</p> <p>The allocation breakdown was shown on slide 6. DMcA queried the -0.22% noted against efficiency programmes. SP explained that this reflected the central level which had reviewed unwarranted variation.</p> <p>There was a desire to move to a Blended Payment Approach, which would comprise a fixed element for the costs of unplanned care activity (based on prior year activities and growth) with a 20% marginal rate should this be exceeded. A break glass clause would be included if activity was significantly different.</p> <p>Previous payment rules for Marginal Rate Emergency Threshold (MRET) and readmission adjustments were to be abolished on a net neutral basis.</p> <p>The Market Forces Factor had been reviewed and would be implemented over the next five years. This is an adjustment on top of the average prices paid</p>	

	<p>under payment by results and has not been reviewed for over 10 years. This would see an income reduction of £20m to the three acutes facing Wiltshire, with the money also being removed from the CCG's allocation.</p> <p>STP control totals were to be set, but with the opportunity for STP partners to propose net neutral changes to be agreed by all. The STP was to work towards an Integrated Care System.</p> <p>LP queried how soon the real impact for Wiltshire would be known and the affordability of the allocation. SP advised that this was only an initial view, but it was more positive than expected, putting Wiltshire in a better position. The tariff impacts would be worked through to understand the actual provider impact. The QIPP challenge was expected to reduce to £15m next year. Wiltshire would also be able to draw down £2m (in 2019/20 with a further £1m in 2020/21) from NHS England to support service redesign following the CCGs help towards the national surplus.</p> <p>PL referred to the increased allocation to mental health services and queried how this would translate for providers to solve workforce issues; to ensure better mental health care and AWP capacity. SP explained that although it would bring an increase of funding for mental health, not all would necessarily be attributed to AWP as we spend with other organisations as well. An element was to support commitments noted in the Forward View. LB informed Members that the BSW Mental Health Transformation Strategy was to be produced by February, which would reference workforce and the need to work differently; increasing use of community support services. AWP were to undergo service reconfiguration (not just estates), which the CCG was supporting. Consultation was to be carried out.</p> <p>SP advised that allocation was per capita and the link with the military repatriation could be tracked. No guidance had yet been received concerning primary care data analytics. This would form part of the PCN work to establish what was needed locally.</p>	
<p><b>GOV/19/01/13</b></p>	<p><b>NHS Long Term Plan</b></p> <p>LP went through the presentation which provided a useful framework to note and discuss the NHS Long Term Plan that had been published early in January. A two page summary document has also been produced from the 138 page plan.</p> <p>Further planning and guidance was to be issued. The plan covered the three stages of life; best start in life, delivering world class care for major health problems and supporting people to age well.</p> <p>LP noted that Local Authorities were commenting that this did not address comments regarding social care funding. However the NHS could not over commit its £22bn budget. It was recognised that transformation was needed. Smarter investment in enablers and infrastructure was required. LP welcomed the emphasis on community, primary care and mental health services and a change of emphasis on waiting list targets. It was noted that primary prevention was not featured greatly in the plan; it remained the role of the Local Authority.</p> <p>It was felt that the language of the plan could be bewildering to the general public. It was felt that more emphasis was needed on secondary prevention. Greater links with Public Health were encouraged.</p> <p>The five actions set out in the plan were to help achieve the ambitious improvements. Wiltshire was already developing programmes in support of</p>	

	<p>these with regular reports via the Governing Body. Strategies already encompassed these at CCG and BSW level. The BSW STP now needed to align spend against these strategies. By April 2019, local organisational plans for 2019/20 were to be developed and published. By the Autumn 2019 five year local health strategies were to be in place. The BSW would be engaging with the soon to be established Citizens Panel.</p> <p>The Wiltshire Health and Wellbeing Strategy will incorporate the Joint Strategic Needs Assessment results, targeting health inequalities, ensuring a locality focus, creating a place based strategy for Wiltshire. There had been a notable shift in social attitudes to care provision. Staff, patients and the public will have the opportunity to help shape what the NHS Long Term Plan means for the BSW. Healthwatch BaNES and Age UK were key stakeholders and leading the consultation work.</p>	
<p><b>GOV/19/01/14</b></p>	<p><b>Prescribing Ordering Direct Update</b></p> <p>PJM was in attendance to provide an update to Members on the Prescription Ordering Direct (POD) service that had been in place since May 2017. PJM recapped on the set up of the service, and the process used to ensure patients had the right medicines first time, every time.</p> <p>Over 37k of patients have used the POD to date, with nearly 200k calls taken during 2018. December was the busiest month for the POD, with an average call wait time of 4min 27sec. Abandoned calls remained low.</p> <p>POD staff were trained to support patients through providing public health messages, encouraging compliance with medication and identifying changes in conditions. Patient medication has been synchronised to order once a month. The POD has helped to reduce waste and spend; supporting medication switches to more cost effective alternatives.</p> <p>Patient numbers from those practices signed up with POD continued to increase. Some practices have imposed the change to POD, a number continue to operate dual systems.</p> <p>From April 2019, practices will be asked to contribute 50p per listed patient towards the POD service to ensure sustainability. Practices were to confirm sign up for continued use of POD by the end of January.</p> <p>POD was leading the way in reducing costs to the CCG and offering support to Practices to help with their capacity levels and prescribing spend. POD was the only intervention focussed on reducing the number of unnecessary prescribed items, to date the service had brought an 8% reduction. Complaints against POD were low, with 41 cases over the last 12 months relating to access to the service. All calls were recorded and staff training needs were regularly reviewed.</p> <p>POD had gained consent from over 15k patients since August 2018 to allow additional information to be available to services such as out of hours and hospital services as part of the Medical Record Access. The POD team now included electronic repeat dispensing specialists to assist with identifying suitable patients for continued repeat prescriptions. Wiltshire CCG was currently below BaNES and Swindon CCGs against the target, but a project was now in place to drive this forward.</p> <p>PJM concluded by talking through the future opportunities for POD and the next steps to address to ensure long term stability of the POD service. Staff contracts were fixed until March 2020.</p>	

	<p>RSH was in support of POD implementing additional services and benefits to involve better equipped specialists. RSH felt GPs would welcome this digress to POD, although it was acknowledged that there may be some services not appropriate for POD to take on. JC explained that a menu of options to practices was to be developed, identifying the potential positive impact POD could have. This would aid a discussion to help shape the decision making needed in the summer for the future of the service.</p> <p><b>ACTION:</b> GOV/19/01/14 - The options for the future of the Prescription Ordering Direct service and the impact to services and staffing to be presented to the July Clinical Executive meeting.</p> <p>To date POD had already saved £200k, equalling the CCGs initial investment. SP felt that a comparison of cost for POD and Non-POD would be useful, but would not account for the added value the service brought and the increase of resilience within practices.</p> <p>TD felt that POD access hours of 9.00-17.00hrs was an issue; online ordering should be considered. JC advised that the business case would review the opening hours and its links with 111 and other systems and organisations to improve access to services.</p>	<b>JC</b>
<b>GOV/19/01/15</b>	<p><b>Improved Access Update</b></p> <p>JC set the context for the implementation of the Improved Access service for Wiltshire. Linked to the CCGs GP Forward View Plan, it was integral to the provision of wider access to services. The Improved Access service commenced from October 2018. This had brought an additional 235 hours per week of clinical capacity. This formed part of a transformation piece to support primary care and the workforce.</p> <p>The GP Alliance were awarded the Improved Access pilot in October, commencing a test and learn period. Procurement for the full service would commence in June 2019. To be eligible for recurrent funding the CCG would need to demonstrate it met the seven core requirements as shown on slide 4 and was using Improved Access to the best effect.</p> <p>The contractual model for Wiltshire was shown on slide 5. LK reported that 15 weeks into the service; 42 of the 49 practices had opted in to support the approach. Hours were being covered for those not currently involved. The 235 hours were being delivered every week, with no complaints received or significant issues recorded. It had brought a close collaboration of practices who met monthly to share best practice and to further develop the service. A menu of options had been produced for practices and links had been formed with POD and community teams.</p> <p>Referring to the Aims of the service on slide 8, care homes had brought the biggest pressure to date. There was a high volume of prescribing work which absorbed a significant amount of time. The service was supporting primary care to ensure it was efficient and good housekeeping was in place. LK wished to acknowledge the support from the CCG and its flexibility in allowing the GP Alliance to develop its ideas.</p> <p>The presentation contained a number of graphs that visualised the service being delivered.</p> <p>Feedback captured on slide 12 was following a review of Christmas operation undertaken with Medvivo. A unified approach was needed during such high demand periods. Care home concerns had been contained and there were</p>	

	<p>some excellent examples of End of Life (EOL) care, but there was a worry that perhaps the direct support number was unknown to EOL patients.</p> <p>LK was keen to keep the momentum of the service going, through continued population and sharing of enhanced summary care records, implementation of treatment escalation plans, ordering of 'just in case' medications and greater advertising of the EOL direct number for use during out of hours.</p> <p>LK informed Members that there was an information governance block to deal with; one GP Practice was unwilling to share their patient records with other provider organisations which was also impacting on those on the palliative care pathway. DMcA agreed to look into this as the CCGs Caldicott Guardian.</p> <p><b>ACTION: GOV/19/01/15 - DMcA to investigate the information governance barriers impacting upon the delivery of Improved Access and those on the End of Life and palliative care pathway.</b></p>	<b>DMcA</b>
<b>GOV/19/01/16</b>	<p><b>Primary Care Offer</b></p> <p>JC talked through her presentation. The Five Year Forward View (FYFV) and GP Forward View (GPFV) were incorporated in 2016, to improve efficiency and effectiveness of primary care services and to support development of new models of care.</p> <p>The release of the NHS Long Term Plan supported these with five major changes proposed to the NHS service model. Wiltshire CCG already had foundations in place to progress this work, working closer with local organisations.</p> <p>Primary care was to be at the core of integrated community teams. The CCG has supported the development of the Wiltshire GP Federation to lead development of at-scale primary care.</p> <p>The current Primary Care Offer (PCO) investment programme ran 2016-19. £9.1m of funding was invested in 2018/19, above core General Medical Service and Personal Medical Service contracts. It included Transforming Care of Older People, Prescribing Incentive Scheme, Locality Development, Locality Services and Local Enhances Services. This was in line with the GPFV and CCG strategy and development of PCNs. New ways of working under each of these areas was encouraged, focussing on local need and the local area.</p> <p><i>(12.25hrs – TDas left the meeting)</i></p> <p>Although PCO was agreed as a three year programme, the funding was recurrent. The Primary Care Oversight Board was responsible for the review and sign off of schemes. Members included the Local Medical Committee, NHS England, Primary Care Team and Quality Team representatives, CCG Lay Members and the CCGs Secondary Care Doctor. They had oversight of all PCO schemes. Minor changes to schemes could be approved by the Primary Care Team. A number of schemes would continue and would be refined to clarify outcomes measures and KPIs.</p> <p>Notice had been given in December to those schemes not in line with the PCO or did not meet the funding criteria. Schemes needed to align to primary care transformation plans and the development of the PCNs.</p> <p><i>(12.30hrs – PJM left the meeting)</i></p>	

<b>GOV/19/01/17</b>	<p><b>Quality and Clinical Governance Committee Update</b> The approved November Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS reported that the CCG had recently appointed to the Looked After Children Doctor role.</p>	
<b>GOV/18/11/18</b>	<p><b>Audit and Assurance Committee Update</b> The approved November Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>PL reported that the BAF and Risk Register, as presented for approval at this meeting, were live documents. Four new risks were within the top ten risks. PL was happy to report that the auditors had confirmed that the CCG was in a sound financial state.</p>	
<b>GOV/19/01/19</b>	<p><b>Finance and Performance Committee Update</b> The approved November Finance and Performance Committee minutes circulated with the meeting papers were noted.</p> <p>At its January meeting, the Committee had reviewed the financial position and discussed the allocation impact.</p>	
<b>GOV/19/01/20</b>	<p><b>Health and Wellbeing Board Meeting Draft Minutes – 14 December 2018</b> The draft minutes from the Health and Wellbeing Board meeting held 14 December 2018 were noted. This had been a single item meeting, discussing the winter pressures and plans.</p>	
<b>GOV/19/01/21</b>	<p><b>Any Other Business</b> There were no items raised.</p>	
	The meeting concluded at 12.37hrs	

**Date of next Governing Body Meeting in Public:  
26 March 2019, 10:00hrs at Southgate House, Devizes**